



**OFFICE OF COMMISSIONER OF INSURANCE**  
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER  
**Ralph T. Hudgens, Commissioner**



www.oci.ga.gov

Phone: 855-235-5174 <> E-mail: GAInslicensing@psionline.com

**AGENTS LICENSING**  
**GID-369-AL APR2015**

**INSURANCE NAVIGATOR LICENSE APPLICATION**

**APPLICANT'S INFORMATION:**

**FULL LEGAL NAME:** \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_ (SUFFIX)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**RESIDENCE ADDRESS (PHYSICAL LOCATION):** \_\_\_\_\_ (STREET AND NUMBER REQUIRED)

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (HOME TELEPHONE) \_\_\_\_\_

**RESIDENCE MAILING ADDRESS:** \_\_\_\_\_ (INCLUDE P.O.BOX, STREET, CITY, STATE, ZIP CODE AND COUNTY)  
 (IF OTHER THAN ABOVE)

**BUSINESS ADDRESS (PHYSICAL LOCATION):** \_\_\_\_\_ (BUSINESS NAME) \_\_\_\_\_ (STREET NUMBER, STREET NAME, SUITE NUMBER)

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (BUSINESS TELEPHONE) \_\_\_\_\_

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_ (INCLUDE BUSINESS NAME, P.O.BOX, STREET, CITY, STATE, ZIP CODE AND COUNTY)  
 (IF OTHER THAN ABOVE)

**FAX NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MANDATORY QUESTIONNAIRE:**

1.	Have you been convicted of or are you currently charged with a felony? Provide certified copies of ALL plea agreements & court orders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than a minor traffic offense? If yes, attach a supplement giving full details and attach certified copies of plea agreements and all court orders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever:	
	A. Had any license, permit, authorization, registration, or privilege denied, refused, revoked, suspended, limited, withdrawn, or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. Had any other disciplinary action taken against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C. Had the renewal of any license, permit, authorization, registration, or privilege refused by any authority pursuant to a disciplinary proceeding other than that of the Insurance Commissioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D. Failed to notify the Insurance Commissioner in writing within sixty days of the occurrence of any event listed above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, attach supplement giving full details and attach certified copies of all orders.		
4.	Have you ever withdrawn an application for any business or professional license granted by any licensing authority? If yes, attach supplement indicating the type of license, reason for withdrawal and the licensing authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you completed and attached the notarized Citizenship Affidavit Form GID-276-EN to this application? If not, you must do so in order for this application to be processed. The form is available at www.oci.ga.gov.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you included proof that you the applicant (or the applicant's sponsoring entity) have been approved by federal authorities, by being awarded a grant or otherwise, to act as a Navigator? <b>Sponsoring Entity:</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**!!! Submit Application\* WITH ALL\* required documents !!!**

**Check box to confirm that ALL required documents are attached.**

**CERTIFICATION OF NAVIGATOR TRAINING:**

**THIS CERTIFIES THAT THE ABOVE NAMED APPLICANT HAS COMPLETED THE REQUIRED FEDERAL EDUCATION AND TRAINING TO BECOME A NAVIGATOR.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**APPLICANT'S ATTESTATION:**

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION, FORM GID-369, INCLUDING ANY DOCUMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I HAVE ATTACHED ALL APPLICABLE SUPPLEMENTARY DOCUMENTS AND I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REGULATORY ACTION. I HEREBY GIVE MY PERMISSION FOR A CRIMINAL BACKGROUND INVESTIGATION. I ALSO UNDERSTAND THAT A NAVIGATOR LICENSE IS NOT ALONE SUFFICIENT TO SELL, SOLICIT, OR NEGOTIATE INSURANCE IN THE STATE OF GEORGIA.

SIGNATURE OF APPLICANT →	DATE
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**NOTARY**

SEAL & SIGNATURE REQUIRED

Sworn to and Subscribed before Me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

In the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
 (Signature Of Notary Public)

\_\_\_\_\_  
 (My Commission Expires)

( Seal )



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PLEASE DO NOT SUBMIT THIS INSTRUCTIONS PAGE WITH THE APPLICATION.

**INSTRUCTIONS:**

<b>CITIZENSHIP AFFIDAVIT</b>	Form GID-276-EN verifying lawful presence of all new and renewal applicants must be submitted with this application for processing.
<b>FINGERPRINTS</b>	All New Applicants, excluding active licensees and individuals that apply for reinstatement within 6 months of expiration date, shall be required to submit electronic fingerprints for a criminal background check. The applicant shall bear the cost for electronic fingerprinting. Fingerprinting information can be found on the department's website.
<b>PRE-LICENSING</b>	Provide a pre-licensing course <u>certificate with resume</u> of applicant's educational qualifications related to the functions of a Navigator.

**FEES PAYABLE TO: PSI SERVICES LLC / GEORGIA INSURANCE DEPT.**

**LICENSE FEE:**  
**\$ 50**

**Regular Mailing Address WITH PAYMENT:**

**Overnight Mailing Address WITH PAYMENT:**

**PSI Services LLC  
 P.O. Box 742983  
 Atlanta, GA 30348-2983**

**Bank of America  
 ATTN: PSI Services LLC Box 742983  
 1075 Loop Road (2<sup>nd</sup> Floor)  
 Atlanta, GA 30337**