



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 Email: GAInslicensing@psionline.com

AGENTS LICENSING
GID-433-AL APR2015

INSTRUCTIONS FOR NON-RESIDENT INDIVIDUAL APPLICATION

- Effective 1-1-2012, **submit with the application the Citizenship Affidavit Form GID-276-EN** which is required of persons making application for all licenses in order to comply with the Georgia Illegal Immigration Reform and Enforcement Act.
- Effective 7-1-2012, all new licenses will be issued on a biennial basis.
- **Check or money order must be payable to:** PSI Services LLC / Georgia Insurance Department
- Fees for licensure are based on license type/classes requested:
 - Agent Life, Accident and Sickness: **\$115**
 - Agent Property Casualty: **\$115**
 - Agent Variable Product: **\$115**
 - Agent for Personal Lines: **\$115**
 - Agent for Credit or Travel Ticket/Travel Accident: **\$115**
 - * Adjuster: **\$115**
 - * Public Adjuster: **\$115**
 - * Workers Compensation Adjuster: **\$115**
 - * Counselor: **\$115**
 - Surplus Lines Broker: **\$615**
 - Ltd. Group Health Counselor **\$115**

FOR AGENTS APPLYING FOR MULTIPLE LINES ON ONE APPLICATION THE FEES ARE AS FOLLOWS:

- Agent Life, Accident & Sickness and Property Casualty: **\$215**
- Agent Life, Accident & Sickness and Personal Lines: **\$215**
- Agent Life, Accident & Sickness and Variable Products: **\$215**
- Agent Life, Accident & Sickness, Variable Products and Property Casualty: **\$315**
- Agent Property, Casualty and Surplus Lines Brokers: **\$715**

- If applying for Variable Products:
 - You must also apply or hold a Georgia Life license and
 - attach proof of current NASD registration(s) Series 6, 7, IR or GS

*For applicants applying for Adjuster, Workers Compensation Adjuster, Public Adjuster or Counselor Licenses: You will need to attach a supplement indicating the type of license and line of authority you are requesting. In lieu of a supplement, you can indicate license type and line of authority requested on application under #36 'Jurisdiction and Type of License Requested.'

Mailing Instructions:

Regular Mailing Address WITH PAYMENT:

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

Overnight Mailing Address WITH PAYMENT:

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

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Producer License/Registration

(Please Print or Type)

Check appropriate boxes for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: ___ Home State License #: _____
- New Application
- Additional Line of Authority

Demographic Information

1 Soc. Security Number - -		2 If assigned, National Producer Number (NPN)			
3 If applicable, FINRA Individual Central Registration Depository (CRD) Number					
4 Last Name JR./SR. etc		5 First Name		6 Middle Name	7 Date of Birth (month) ___ (day) ___ (year) ___
8 Residence/Home Address (Physical Street)			9 City		10 State
			11 Zip Code	12 Foreign Country	
13 Home Phone Number () -		15 Gender (Circle One) Male Female	16 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
14 Individual Applicant Email Address:					
17 Business Entity Name					
18 Business Address (Physical Street)		19 P.O. Box	20 City	21 State	22 Zip Code
		23 Foreign Country			
24 Business Phone Number (include extension) () -		25 Business Fax Number () -	26 Business E-Mail Address		27 Business Web Site Address
28 Applicant's Mailing Address		29 P.O. Box	30 City	31 State	32 Zip Code
		33 Foreign Country			
34 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)					

Agency or Business Entity Affiliations

35 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

36 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

(State Use)

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Uniform Application for Individual Producer License/Registration

Applicant Name: _____

Jurisdiction and Type of License Requested

Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License Types: A – Agent B – Broker P – Producer SLP – Surplus Lines Producer

Lines of Authority: V – Variable Life/Variable Annuity L – Life H – Accident & Health or Sickness P – Property C – Casualty PL – Personal Lines

Limited Lines: Credit– Credit CR – Car Rental CROP - Crop T – Travel S – Surety O – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
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NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com



Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: _____

Background Questions

58 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes ___ No ___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes ___ No ___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A ___ Yes ___ No ___

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes ___ No ___

NOTE: For Questions 1a, 1b and 1c, “**Convicted**” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.

“Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. “Involved” also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: _____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage?

Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?

_____ Months

Yes ___ No ___

Yes ___ No ___

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

N/A ___ Yes ___ No ___

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Yes ___ No ___

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



Uniform Application for Individual Insurance Producer License/Registration

Applicant's Certification and Attestation

59 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).



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2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334



www.oci.ga.gov

**Illegal Immigration Reform And Enforcement Act
Notice**

**ENFORCEMENT
GID-276-EN JUL2014
(replaces GID-235-SF)**

In accordance with O.C.G.A. §50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all new and renewal applicants. **Therefore, the following documents must be included with [a] every new application submitted to this Office, regardless of the citizenship status of the applicant, AND for [b] every renewal application submitted to this Office thereafter by non-citizen (alien) applicants:**

- 1. A signed and notarized copy of the attached Citizenship Affidavit Form; and**
- 2. A copy of the front AND back of one secure and verifiable identification document.** *(Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.)*

All applicants are required to submit LEGIBLE COPIES of these two (2) documents, as set forth in [a] and/or [b] above, before an application can be processed. If applying on behalf of a business entity, then an employee or officer of the business entity, who has authority, must complete and submit these documents as set forth in [a] and/or [b] above. However, if there has been a change in the person who has authority to apply for licensure on behalf of a licensed business entity, these documents must be completed and submitted by the individual who currently has authority, regardless of the citizenship status of such individual.

In addition, if you (or, for a business entity, the employer or officer with authority) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

MAILING INSTRUCTIONS

Submit the two (2) required documents referenced above with your complete application to the email address (if submitted digitally) **OR** to the mailing address (if submitted in paper form) specified in the application instructions.

HOW TO FILL OUT THE CITIZENSHIP AFFIDAVIT FORM

In the boxes at the top of the form, indicate in which of the three business types: INSURANCE (for this choice specify Agent, Agency or Carrier), SAFETY FIRE, or INDUSTRIAL LOAN the affidavit pertains. Indicate the business name on the line where the asterisk * is applicable to the choice. Also, provide the License #, NAIC# or Employer ID# if known.

Spaces #1 - #3 – Applicant should put an X in the space that best describes the applicant’s citizenship status. Please note that applicant should put an X in ONLY ONE of these spaces.

- If you put an X in Space #2 (legal permanent resident) OR Space #3 (qualified alien or non-immigrant), then applicant **MUST** write down the alien number that was issued by the Department of Homeland Security or other federal immigration agency in the space provided.

Spaces #4 - #5 – Applicant should fill in the city and state in which this affidavit form is being notarized.

**AN APPLICATION CANNOT BE PROCESSED IF THE
CITIZENSHIP AFFIDAVIT FORM IS NOT COMPLETELY FILLED OUT.**



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Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form

ENFORCEMENT
GID-276-EN JUL2014
(replaces GID-235-SF)

This affidavit is provided to satisfy the new or renewal requirements for an application in which one of the following types of business:

<input type="checkbox"/> INSURANCE (specify below):	<input type="checkbox"/> SAFETY FIRE* (specify below):	<input type="checkbox"/> INDUSTRIAL
<input type="checkbox"/> Agent <input type="checkbox"/> Agency* <input type="checkbox"/> Carrier*	<input type="checkbox"/> Engineering <input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> LOAN*
	<input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Safety Engineering	

* If the person providing the affidavit serves as "the designated responsible party" (ex.: owner/operator, partner, executive, etc...) for one of these business types, please provide the name of the business: _____

If you know one of the following identifiers, please enter it here:

License # _____ NAIC # _____ Employer ID # _____

O.C.G.A. §50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

[Check ONLY ONE of the following:]

- 1) _____ I am a United States citizen; OR
- 2) _____ I am a legal permanent resident of the United States; OR
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

!! SUBMIT ONLY THIS COMPLETED CITIZENSHIP AFFIDAVIT PAGE WITH THE REQUIRED DOCUMENTATION !!



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**Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form**

**ENFORCEMENT
GID-276-EN JUL2014
(replaces GID-235-SF)**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

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Citizenship Affidavit Form****ENFORCEMENT
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- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]