

Detailed Instructions on how to fill out the Texas Department of Insurance License Application as follows:

**A. TDI LICENSE APPLICATION:**

Complete /follow the Texas Department of Insurance License Application as follows:

- a) Obtain License form  
from: <http://www.tdi.texas.gov/forms/finagentlicense/FIN506.pdf>
  1. TDI changes the forms periodically. Please do not use a form without checking with TDI first that it is the current form. TDI will not accept it.



The image shows the front page of the 'APPLICATION FOR INDIVIDUAL AGENT LICENSE' form. At the top left is the Texas Department of Insurance seal. To its right is the department's name and contact information: 'TEXAS DEPARTMENT OF INSURANCE', 'Financial Regulation Division - Agent and Adjuster Licensing Office (187-1A)', '333 Guadalupe, Austin, Texas 78701 • PO Box 12069 • Austin, Texas 78711-2069', '(512) 676-6500 | F: (512) 490-1052 | (866) 554-4926 | TDI.texas.gov | @TexasTDI'. A red circular stamp with 'FIN506 0717' is in the top right corner. The title 'APPLICATION FOR INDIVIDUAL AGENT LICENSE' is centered. Below it, instructions state: 'Applicant General Information Guide begins on Page 13.', 'This application form is to be used by individuals not required to pass a qualifying examination through Pearson VUE and for all provisional permits. It must be typed or printed in ink. Those applicants required to take a qualifying examination must contact Pearson VUE at 888-754-7667 or at www.pearsonvue.com/tx/insurance for application information and examination reservations.', 'All applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in denial of license.', 'Part I - To be completed by all individual applicants', 'Applicants must choose only one license type. Those who wish to apply for more than one license type must submit a separate application and fee for each type. Adjusters should read PART II of this application before continuing.', and 'The license types with a "B" symbol below can be applied for as a provisional permit [Texas Insurance Code (TIC), Subchapter H, §4001.351]'. The bottom of the page is blank.

- b) Complete the **Application Part 1** – Select the license desired: You may select either the Life License Not exceeding \$25,000 or the Funeral Prearrangement License. No need to select both. See definition of each. Attached below are
  - [Exhibit A: LIFE INSURANCE NOT EXCEEDING \\$25,000.](#)
  - [Exhibit B: FUNERAL PREARRANGEMENT LIFE INSURANCE LICENSE.](#)

\*\*\* (Discuss with Company personnel on the advantages and disadvantages of each) \*\*\*
- c) Please note, the license fee is \$50.00 (check or money order made out to TDI) to be paid by the applicant.
- d) Answer each and every question. An application is incomplete without providing the information requested.
  2. For question #6, the applicant must enter a business address, even if it's the same as the home address.
  3. For question #7, the applicant must enter an e-mail address. It is required.
  4. If you answer "YES" to any part of question #8, the application is incomplete without providing the additional information requested.
  5. Skip Part II
  6. Skip Part III
  7. Skip Part IV
  8. Skip Part V
  9. Skip Part VI – It will be completed by the UBI
  10. Skip Part VII
  11. Complete Part VIII
  12. Complete Part IX – Signature must be notarized. Complete all blanks and date.

**\*\*\*\*DO NOT SEND COMPLETED APPLICATION TO TDI, SEND TO COMPANY\*\*\*\***



## TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Agent and Adjuster Licensing Office (107-1A)  
333 Guadalupe, Austin, Texas 78701 \* PO Box 12069 , Austin, Texas 78711-2069  
(512) 676-6500 | F: (512) 490-1052 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

FIN506 | 0717

### APPLICATION FOR INDIVIDUAL AGENT LICENSE

#### Applicant General Information Guide begins on Page 13.

This application form is to be used by individuals *not* required to pass a qualifying examination through Pearson VUE and for all provisional permits. It must be typed or printed in ink. Those applicants required to take a qualifying examination must contact Pearson VUE at **888-754-7667** or at [www.pearsonvue.com/tx/insurance](http://www.pearsonvue.com/tx/insurance) for application information and examination reservations.

All applications are subject to further review. Any affirmative response to a screening question may extend processing times. *Failure to disclose criminal history information may result in denial of license.*

#### Part I—To be completed by all individual applicants

Applicants must *choose only one* license type. Those who wish to apply for more than one license type must submit a separate application and fee for each type. **Adjusters should read PART II of this application before continuing.**

The license types with a "p" symbol below can be applied for as a **provisional permit** [Texas Insurance Code (TIC), Subchapter H, §4001.351]

#### License Types - NOTE (ONLY check only ONE BOX per application submission):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General Lines—Life, Accident & Health p | <input type="checkbox"/> Limited Lines                    | <input type="checkbox"/> Adjuster—All Lines   |
| <input type="checkbox"/> General Lines—Property & Casualty p     | <input type="checkbox"/> County Mutual p                  | <input type="checkbox"/> Adjuster—Property & Casualty                               |
| <input type="checkbox"/> Life                                    | <input type="checkbox"/> Insurance Service Representative | <input type="checkbox"/> Adjuster - Workers' Compensation                           |
| <input type="checkbox"/> Life Insurance Not Exceeding \$25,000 p | <input type="checkbox"/> Managing General Agent           | <input type="checkbox"/> Adjuster—Trainee (no fee)                                  |
| <input type="checkbox"/> Funeral Prearrangement Life p           | <input type="checkbox"/> Surplus Lines                    | <input type="checkbox"/> Adjuster—Emergency (\$20 fee)                              |
| <input type="checkbox"/> Life & Health Insurance Counselor       | <input type="checkbox"/> Risk Manager                     | <input type="checkbox"/> Adjuster—All Lines Designated Home State Texas             |
| <input type="checkbox"/> Full-Time Home Office Salaried Employee | <input type="checkbox"/> Public Insurance Adjuster        | <input type="checkbox"/> Adjuster P&C (DHS) Texas                                   |
| <input type="checkbox"/> Personal Lines Property and Casualty    |   | <input type="checkbox"/> Adjuster—Workers' Compensation Designated Home State Texas |

**License Fees:** Unless otherwise indicated, fees are **\$50.00** per license type, **\$100** for a provisional permit, or **\$150** for a temporary license. A **\$75** fee is required for a license that has been expired for more than 90 days but less than one year (TIC §4003.007). **Make check or money order payable to the Texas Department of Insurance. All license fees are nonrefundable and nontransferable. (TIC §4001.006)**

#### Applicant Information - Please read carefully and provide all requested information.

**1** Are you requesting a **provisional permit (p)** for the license type selected above?

☐ No ☐ Yes

**2** **Applicant's Full Legal Name**—nicknames and abbreviations are not acceptable.

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**3** **Applicant's Social Security Number, Date of Birth, and Daytime Phone Number**—The application cannot be processed without this information. Disclosure of Social Security Number is required by **Texas Family Code §231.302**.

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YY)

DAY TIME PHONE NUMBER

EXT

**4** **Mailing Address (required—This is the address of record with TDI; TDI correspondence will be mailed to this address)**

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX

APT, STE, ETC.

CITY

STATE

ZIP CODE

**5 Legal Resident Address (required—This must be the address where you live and establishes state of residency)**

STREET, PHYSICAL LOCATION (P.O. BOX IS NOT ACCEPTED)

APT, STE, ETC.

CITY

STATE

ZIP CODE

**6 Official Business Address (required—This must be your primary office address where you will maintain business records of Texas insurance transactions)**

STREET, PHYSICAL LOCATION (P.O. BOX NOT ACCEPTED)

APT, STE, ETC.

CITY

STATE

ZIP CODE

**7 Applicant's E-mail Address (required—E-mail will be used only as option when corresponding with TDI)**

E-MAIL ADDRESS

**Applications will not be processed until proper documentation or details are received and a review is completed.***All applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in denial of license.***8 Excluding traffic violations and first offense DWI:**

- Do you currently have **any pending misdemeanor or felony charges** (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?  
☐ No ☐ Yes
- Have you **ever** been **convicted of any misdemeanor or felony offense** in Texas, in any other state or by the federal government?  
☐ No ☐ Yes
- Have you **ever** had **adjudication deferred on any misdemeanor or felony charge or offense** in Texas, in any other state or by the federal government?  
☐ No ☐ Yes
- Have you **ever** served **any period of probation** for any misdemeanor or felony offense in Texas, in any other state or by the federal government?  
☐ No ☐ Yes

If you answer "Yes" to any of questions 8 a–d, you must submit original **certified** copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offenses. You must include your age at the times of the offenses. You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.

**9 Have you ever applied for a letter of consent, as required under section 18 U.S.C. 1033(e), from any insurance regulatory official from Texas or any other state?**☐ No ☐ Yes

If you answer "Yes", the application will not be processed until you provide full details of the outcome of that proceeding and all supporting documents to the department.

If you answer "No", and you have been convicted of any criminal felony involving dishonesty or breach of trust, or an offense under section 18 U.S.C. 1033, the application will not be processed until you submit a signed and notarized request for written consent with all supporting documentation to the department.

**10 Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?**

If you answer "Yes", a license will not be issued until full details of the administrative or legal action are provided.

☐ No ☐ Yes

- 11** Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?

☐ No ☐ Yes

If you answer "Yes", a license will not be issued until full details of the indebtedness are provided.

- 12** Have you ever had an agency contract or company appointment cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?

☐ No ☐ Yes

If you answer "Yes", a license will not be issued until full details are provided. Cancellation for cause does not include cancellations due to license expiration (nonrenewal).

- 13** During the last 6 months, have you applied for or received a temporary license of the type for which you are now applying?

☐ No ☐ Yes

If you answer "Yes", a temporary license will not be issued. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.

- 14** Do you currently hold any insurance agent license, adjuster or public insurance adjuster license in any state other than Texas or have you held any insurance agent license, adjuster or public insurance adjuster license in any state other than Texas within the last five years?

☐ No ☐ Yes

If you answer "Yes", you must provide the following:

**Applicants who have held a resident license in another state** within the previous five years from the date of this application **must attach** a Clearance Letter from the Insurance Commission in the states in which the applicant was previously licensed. A NIPR Producer Database printout showing the termination of the license in the applicant's previous resident states can take the place of a Clearance Letter.

**Applicants holding a current resident license in another state must attach** an original Certificate of Good Standing from the Insurance Commission in the applicant's state of residence. The Certificate of Good Standing must be dated within 90 days of receipt of the completed application. A NIPR Producer Database print out showing that a current license is held in the applicant's resident state with the same license type that you are applying for can take the place of a Letter of Certification.

- 15** This application is for a license I previously held that is expired for more than 90 days but less than one year. I will attach the required \$75 license fee. (TIC §4003.007)

☐ No ☐ Yes Previous License Number \_\_\_\_\_

- 16** Do you qualify as any of the following?

a. "Military service member" – means a person who is currently serving in the armed forces of the United States, or in a reserve component of the armed forces including the National Guard, or in a state military service of any state.

☐ No ☐ Yes

b. "Military spouse" – means a person who is married to a military service member who is currently on active duty.

☐ No ☐ Yes

c. "Military veteran" – means a person who has served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or in an auxiliary service of one of those branches of the armed forces.

☐ No ☐ Yes

If you answer "Yes" to a, b, or c in question 16, please mark the top of **Page 1** of this application with a **highlighted "M"**.

- 17** Do you have a child support obligation in arrearage?

☐ No ☐ Yes

If you answered "Yes", you must answer a, b, and c of question 17:

a. How many months are you in arrearage? \_\_\_\_\_

b. Are you currently subject to and in compliance with any repayment agreement?

☐ No ☐ Yes

c. Are you the subject of a child support related subpoena or warrant?

☐ No ☐ Yes

## Part VIII—Background Information and Fingerprints

This part must be completed by all applicants except Emergency Adjuster, Full-Time Home Office Salaried Employee, and PIA. PIA license applicants must complete **Part III** and skip this part.

### 1 I am a **resident** of Texas and:

- a. ☐ I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions) or,
- b. ☐ I have an active TDI agent/adjuster license and I have already submitted fingerprints to TDI or,
- c. ☐ I have an active TDI license or registration, other than an agent/adjuster license, and I have already submitted my fingerprints to TDI with a:

\_\_\_\_\_, on \_\_\_\_\_  
 TYPE OF APPLICATION OR FILING DATE FINGERPRINTS SUBMITTED TO TDI  
 (MM/DD/YY)

Resident applicants must include a copy of their fingerprint receipt unless the applicant **(1)** has an active TDI license or registration and **(2)** submitted fingerprints to TDI with another license application or TDI filing. **Fingerprints will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.**

### 2 I am a **nonresident** of Texas, and I meet the background information requirement as follows:

*(Adjuster Designated Home State applicants skip to #3.)*

- a. ☐ I hold an active license in good standing in my resident state as reflected on the National Association of Insurance Commissioner's Producer Database or,
- b. ☐ I am not a PIA applicant and have attached my criminal history records that I have acquired from my resident state's law enforcement agency or,
- c. ☐ I have attached a current Certificate of Good Standing from my resident state or,
- d. ☐ I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety.
- e. ☐ I hold a designated home state license in good standing in the following state: \_\_\_\_\_.

All nonresident license applicants, except PIAs, who do not hold a current insurance license in good standing in the applicant's state of residence shall, through the **law enforcement agency of the state of residence**, submit a copy of the applicant's criminal history records. If the resident state will not provide a criminal history record for licensing purposes, the applicant must provide a fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions).

### 3 I am a **nonresident of Texas applying for a Designated Home State Adjuster License**, and I am a resident of another state that does not license adjusters for the line of authority sought on **Page 1**. I meet the Texas fingerprint requirement by either **a, or b, or c**, as I have indicated below.

- a. ☐ I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions) or,
- b. ☐ I have an active TDI agent/adjuster license and I have already submitted fingerprints to TDI or,
- c. ☐ I have an active TDI license or registration, other than an agent/adjuster license, and I have already submitted my fingerprints to TDI with a:

\_\_\_\_\_, on \_\_\_\_\_  
 TYPE OF APPLICATION OR FILING DATE FINGERPRINTS SUBMITTED TO TDI  
 (MM/DD/YY)

**Part IX—Individual Applicant Signature Page (to be completed by all applicants)**

All Applicants must read, sign, and have this section notarized before submitting the license application.

I hereby certify that I have personally answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance which relate to the issuance of the license for which I am applying and the grounds under which such license may be denied, suspended, revoked or non-renewed, and that I meet the requirements for the license type applied for herein. I further acknowledge that I am subject to both disciplinary action and criminal prosecution if my application contains a false, fictitious, or fraudulent statement or entry with regard to any material fact.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

I acknowledge and understand that I have the duty to inform the commissioner of insurance of any disciplinary action taken against me in any other state in which I may be licensed within thirty (30) days of the happening of such disciplinary action.

I further acknowledge that I have the duty to update the information contained on this application, including a change of my address, and that failure to do so may constitute grounds for revocation or suspension of my insurance licenses.

I understand all applications are subject to further review. Any affirmative response to a screening question may extend processing times. **Failure to disclose criminal history information may result in denial of license.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

(PRINT OR TYPE BELOW)

\_\_\_\_\_  
FULL LEGAL NAME OF APPLICANT LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
SUFFIX

The State of, \_\_\_\_\_ County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared  
(PRINTED NAME OF NOTARY PUBLIC)

\_\_\_\_\_, known to me (or proved to me  
(PRINTED FULL LEGAL NAME OF APPLICANT)

on the oath of \_\_\_\_\_ or through \_\_\_\_\_  
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC) (DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
(NOTARY PUBLIC SIGNATURE)

Notary Public, State of \_\_\_\_\_

Send completed application, any other required documents, and a check or money order made payable to the Texas Department of Insurance, to:

 Texas Department of Insurance  
Agent and Broker Licensing, MC 107-1A  
P.O. Box 1206  
Austin, Texas 78711-0609