



OKLAHOMA INSURANCE DEPARTMENT

400 N.E. 50th St.

Oklahoma City, OK 73105

Phone: 405.521.3916 Fax: 405.522.3642

www.oid.ok.gov licensing@oid.ok.gov

REQUEST FOR TEMPORARY INSURANCE PRODUCER LICENSE

I, _____ (Full Legal Name), submit this application for a temporary insurance producer license to the Oklahoma Insurance Commissioner in accordance with 36 O.S. §1435.12. I hereby state that I understand the Oklahoma Insurance Commissioner may, with discretion, issue a temporary insurance producer license for a period not to exceed one hundred eighty (180) days without requiring an examination if the temporary insurance producer license is necessary for the servicing of an insurance business. I further state that a temporary insurance producer license is necessary for the following reason (*check only one below*):

- I am the surviving spouse or court-appointed personal representative of a licensed insurance producer who is now deceased or has become mentally or physically disabled. I need adequate time to allow me to sell the insurance business owned by the insurance producer, or adequate time to allow the insurance producer to recover or return to the business, or adequate time to allow me to provide for the training and licensing of new personnel to operate the insurance producer's business.
- I am a member or employee of a business entity licensed as an insurance producer, and the individual designated in the business entity's application for licensure or on the business entity's license is now deceased or has become mentally or physically disabled.
- I am the designee of a licensed insurance producer who has entered or is entering active service in the Armed Forces of the United States of America.
- I should be granted a temporary insurance producer's license because special circumstances exist in which the Oklahoma Insurance Commissioner's issuance of such license would best serve the public interest.

Signature of Applicant

Date

Please Provide the Following Information:

Total Amount Enclosed: _____

Your Check Number/s: _____

Oklahoma Insurance Department Resident Application • Continued on Next Page

Law cites included within this application are found in the numbered Section of Oklahoma Statutes Title 36, referenced as 36 O.S.1435 et seq.

1. Applicant's Name _____ Maiden Name _____
Last First Middle Last

2. Residence Address: _____ How Long? _____
(Street & Number) (City) (State) (Zip)

3. Mailing Address: _____
(Street & Number) (City) (State) (Zip)

4. I understand that my designated Mailing Address will be subject to public record and that all correspondence from the Oklahoma Insurance Department will be sent to said address? () Yes () No

5. Business Address: _____
(Street & Number) (City) (State) (Zip)

6. Do you understand that you are required by 36 O.S. §1435.8(F) to notify the Oklahoma Insurance Department of any change of a legal name, address or e-mail address change within 30 days after the change, and that failing to do so is subject to penalty? () Yes () No

7. Telephone Number (_____) _____ (_____) _____
Business Home

8. Social Security Number _____ / _____ / _____ Male Female 9. Date of Birth _____ / _____ / _____
Must be at least 18 as per 36 O.S. §1435.7.(A)(1)

10. Have you ever made application or been licensed (including a temporary license) in Oklahoma to transact any form of Insurance? () Yes () No
If Yes, please provide date, type of license, and license number _____

11. Are you now or have you ever been licensed in any other state(s) as a resident to transact any form of insurance? () Yes () No
If Yes, please provide state(s) and date(s) _____
If Yes, please attach an original clearance letter from last resident state (no copies accepted).

12. Are you a citizen of the United States? () Yes () No
If No, of which country are you a citizen? _____
If No, you must supply proof of eligibility to work in the U.S. (front and back of your I-94 or your card (visa)).

13. Do you intend to use this license primarily for the purpose of soliciting, negotiation, or procuring insurance covering **yourself (or members of your family), or anyone with which you (or a member of your family) is an officer, director, stockholder, partner, or employee?** (Ref. 36 O.S §1435.21) () Yes () No

14. Has any state, province, district or territory of the United States ever taken any type of administrative action against any of your professional/occupational licenses? () Yes () No
Please attach a letter of explanation as well as any necessary documentation if you answered "YES."

15. Record of employment for the past five years, starting with present occupation (attach separate sheet if necessary):

Nature of Work	Dates	Employer's Name and Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. E-mail Address: _____

17. Have you ever been convicted of a felony? (*Ref. 36 O.S. §1435.13(A)(6)*) If you answered yes, you must provide the following: (1) A letter of explanation. **and** (2) A certified copy of the final sentence and judgment. () Yes () No
18. Do you currently have a child support obligation? (*If No, skip to question 19.*) () Yes () No
 (a) If you currently have a child support obligation, are you in compliance with the administrative or court order imposing the child support obligation? () Yes () No
 (b) If you are not in compliance with a child support obligation, are you currently making payments for the arrearage? **If Yes, please provide any necessary documentation.** () Yes () No
19. Have you failed to pay State of Oklahoma income taxes or failed to comply with any administrative or court order directing payment of state income tax? **If Yes, you must provide a letter of explanation and any necessary documentation regarding the tax delinquency.** () Yes () No
20. Have you violated any insurance law, regulation, subpoena or order of the State of Oklahoma Insurance Commissioner or of another state's insurance commissioner? **If Yes, please provide documentation.** () Yes () No
21. Are you a full-time employee of the U.S. government, or of the executive or administrative branches of the State of Oklahoma, or any state, county, or municipality of the State of Oklahoma? **If Yes, please attach a letter of explanation. Not applicable to Life, Accident & Health producers, limited lines producers, or applicants who are teachers, or elected officials, except the Insurance Commissioner.** () Yes () No

22. APPLICANTS CERTIFICATION AND ATTESTATION

ALL Applicants 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) 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.
- 3) I authorize the jurisdictions 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.
- 4) I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 5) I understand Oklahoma Insurance Department fees are not refundable except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.

Original Applicant Signature

Month Day Year

Clearly Print or Type Full Legal Name



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(405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071

AFFIDAVIT FOR TEMPORARY PRODUCER LICENSE

I, _____, being first duly licensed as an **Oklahoma Resident Insurance Producer** holding active Oklahoma license number _____, do hereby register _____ as a Temporary Producer who will be under my direction and supervision for a period not to exceed one hundred eighty (180) days. I understand that I accept full responsibility for said Temporary Producer's actions while under my supervision and I will be held accountable for any misconduct or violation of Insurance Law committed by this Temporary Producer. I further understand that the scope of said Temporary Producer's duties will not exceed the class of business indicated on the Temporary Producer's application for a Temporary Producer license. Further, this Temporary Producer license will apply for the State of Oklahoma only. I agree also to give written notice to the Insurance Commissioner immediately if this Temporary Producer leaves my employ or is no longer under my direct supervision and will disclose all details as to circumstances causing termination as a Temporary Producer.

Signature of Licensed Producer

Date _____