



# OKLAHOMA INSURANCE DEPARTMENT

400 NE 50th Street Oklahoma City, OK 73105

Phone: 405-521-3916 ♦ Fax: 405-522-3642 ♦ Email: [licensing@oid.ok.gov](mailto:licensing@oid.ok.gov)



WWW.OID.OK.GOV

## Navigator Entity and Certified Application Counselor Designated Organization (CDO) Application

LICENSING DIVISION

“Navigator” means a person, including assistant, application counselor or other person, certified or designated by an exchange to facilitate enrollment in health benefit plans offered by an exchange or to perform any of the other acts described in Section 1311(i) of the federal act.

“Navigator entity” means an organization or business entity which employs or oversees the activities of a navigator or which has received and possesses funding for the purpose of employing or overseeing navigators.

For the purposes of this Application, a Certified Application Counselor Designated Organization (“CDO”) is a “Navigator Entity”.

### PLEASE PRINT OR TYPE

1. NAVIGATOR ENTITY OR CDO NAME		2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN	
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF DOMICILE		6. COUNTRY
			7. DESIGNATED RESPONSIBLE PARTY		8. REGISTRATION TYPE <input type="checkbox"/> Navigator Entity <input type="checkbox"/> CDO
9. BUSINESS ADDRESS		10. CITY		11. STATE	12. ZIP
13. TELEPHONE NUMBER	14. FAX NUMBER	15. WEBSITE		16. BUSINESS EMAIL ADDRESS	
17. MAILING ADDRESS		18. CITY		19. STATE	20. ZIP

### BACKGROUND INFORMATION & ATTESTATION

Has the navigator entity ever been convicted of any criminal felony involving dishonesty or a breach of trust, or been convicted of an offense under Section 1033 of Title 18 of the United States Code?  
*"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, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.*  
 Unless excluded by the language above, you must disclose convictions that have been expunged. If you answer yes, you must attach to this application:  
 a) a written statement explaining the circumstances of each incident  
 b) a certified copy of the charging document, and  
 c) a certified copy of the official document stating the resolution of the charges or any final judgment.

YES  
 NO

### As the designated responsible party of the navigator entity I hereby certify, under penalty of perjury, that

- 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 registration revocation and may subject me and the navigator entity to civil or criminal penalties.
- The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
- I acknowledge and accept all legal responsibility for the acts of the individual navigators that this entity employs, supervises or is affiliated with are performed within the scope of the navigator’s apparent authority.
- I acknowledge that I am familiar with the navigator laws and regulations of Oklahoma Insurance Code and the rules and regulations promulgated by the Oklahoma Insurance Department regarding Navigator Entity and Individual Registration pursuant to 36 O.S. § 1415 et seq. and Oklahoma Administrative Code 365:10-31.

SIGNATURE	TITLE
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### NOTARY

NOTARY PUBLIC SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	STATE
	NAME (TYPED OR PRINTED)		COUNTY
	USE RUBBER STAMP IN CLEAR AREA BELOW		



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### **DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION**

#### **Application for initial & renewal registration shall include the following:**

1. A completed application for navigator entity license
2. \$50.00 yearly registration fee in the form of a check or money order payable to:  
**Oklahoma Insurance Department**
3. Attach a list of all individual navigators, whom, at the time of application, it is employing, supervising or affiliated with or has, during the previous year while registered as a navigator entity, employed, supervised or been affiliated with.
4. Include all supporting documents and a detailed description to explain any “yes” answers on this application.
5. Designated Responsible Party must ensure that all registered individuals are distributing the required disclaimer to all insureds assisted.
6. Mail application fee and completed registration packet to:

**Oklahoma Insurance Department  
Licensing Division  
400 NE 50th Street  
Oklahoma City, OK 73105**

**All Fees Are By Law Deemed Earned and Shall Not Be Refundable.**  
**All incomplete applications will be withdrawn without refund.**

All completed applications will be processed within 5 business days of being received in the licensing division. If you have a question regarding your submitted application, please email [licensing@oid.ok.gov](mailto:licensing@oid.ok.gov)

