OKLAHOMA INSURANCE DEPARTMENT

400 NE 50th Street Oklahoma City, OK 73105
Phone: 405-521-3916 ◊ Fax: 405-522-3642 ◊ Email: licensing@oid.ok.gov

WWW.OID.OK.GOV

INDIVIDUAL NAVIGATOR AND CERTIFIED APPLICATION COUNSELOR ("CAC") REGISTRATION

LICENSING DIVISION

PLEASE PRINT OR TYPE REVISED 7/2026

1.LAST NAME	2. FIRST NAME	3. MIDDLE
4. SOCIAL SECURITY #	5. DATE OF BIRTH	4. GENDER MALE ☐ FEMALE ☐

5. RESIDENCE ADDRESS (PHYSICAL)

6. CITY	7. STATE	8. ZIP	9. COUNTY

10. ARE YOU A CITIZEN OF THE UNITED STATES? ☐ YES ☐ NO

COUNTRY OF ORIGIN _____

IF "NO" PLEASE ATTACH PROOF OF ELIGIBILTY TO WORK IN THE UNITED STATES

Original Application ☐

Renewal Application ☐

Registration Number _____

Registration Type:
☐ Navigator Entity
☐ CAC

11. AFFILIATED NAVIGATOR ENTITY OR CERTIFIED APPLICATION COUNSELOR DESIGNATED ORGANIZATION ("CDO") NAME

12. ENTITY ADDRESS (PHYSICAL)

13. CITY	14. STATE	15. ZIP	16. COUNTY

17. PERSONAL PHONE	18. BUSINESS PHONE	19. CONTACT PHONE

20. PRIMARY CONTACT EMAIL

21. MAILING ADDRESS

22. CITY	23. STATE	24. ZIP

25. LIST ALL OTHER FICTICIOUS, ASSUMED, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST

26. LIST ALL STATES WHERE YOU ARE LICENSED AS, REGISTERED AS OR ACTING AS A NAVIGATOR OR CAC

BACKGROUND INFORMATION

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

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime?

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: 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 misdemeanor juvenile convictions.

(continued on page 2)

OKLAHOMA INSURANCE DEPARTMENT
400 NE 50th Street Oklahoma City, OK 73105
Phone: 405-521-3916 ◊ Fax: 405-522-3642 ◊ Email: licensing@oid.ok.gov
WWW.OID.OK.GOV
LICENSING DIVISION

INDIVIDUAL NAVIGATOR AND CERTIFIED APPLICATION COUNSELOR ("CAC") REGISTRATION

"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 contender, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.* ***"Had a judgment withheld or deferred"*** *includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence- sometimes called an "SIS" or "SES").* ***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
2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? ***"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 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. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, 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 certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.*	☐ YES ☐ NO
3. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ***If you answer yes, you must attach to this application:*** *a) a written statement summarizing the details of each incident,* *b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and* *c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.*	☐ YES ☐ NO

4. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	☐ YES ☐ NO
Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	☐ YES ☐ NO
Have you or any business in which you are or were a 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 a navigator or CAC registration, and* *b) copies of all relevant documents.*	
TRAINING & CONTINUING EDUCATION	
I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE WRITTEN TRAINING MATERIALS PROVIDED BY THE OKLAHOMA INSURANCE DEPARTMENT CONCERNING ETHICS, CONSUMER PRIVACY AND THE INSURANCE LAWS OF THE STATE OF OKLAHOMA, AND ADDITIONAL TOPICS, INCLUDING THE MOST RECENT VERSION OF THE DOCUMENT ENTITLED "ASSISTER CERTIFICATION TRAINING INFORMATION".	☐ YES ☐ NO
Renewal Applications Only I have completed the applicable continuing education requirements for Navigators or CACs, as currently mandated by the Centers for Medicare and Medicaid Services ("CMS"), within the last twelve (12) months	☐ YES ☐ NO ☐ N/A

WWW.OID.OK.GOV

OKLAHOMA INSURANCE DEPARTMENT
400 NE 50th Street Oklahoma City, OK 73105
Phone: 405-521-3916 ◊ Fax: 405-522-3642 ◊ Email: licensing@oid.ok.gov

INDIVIDUAL NAVIGATOR AND CERTIFIED APPLICATION COUNSELOR ("CAC") REGISTRATION

LICENSING DIVISION

APPLICANTS CERTIFICATION AND ATTESTATION

1. 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 or denial of the registration and may subject me to civil or criminal penalties.

2. I further certify that I grant permission to the Oklahoma Insurance Department to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.

I authorize the Oklahoma Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Commissioner and all persons acting on the Commissioner's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANTS SIGNATURE
FULL LEGAL NAME (PRINTED OR TYPED)
DATE

WWW.OID.OK.GOV

OKLAHOMA INSURANCE DEPARTMENT

400 NE 50th Street Oklahoma City, OK 73105
Phone: 405-521-3916 ◊ Fax: 405-522-3642 ◊ Email: licensing@oid.ok.gov

INDIVIDUAL NAVIGATOR AND CERTIFIED APPLICATION COUNSELOR ("CAC") REGISTRATION

LICENSING DIVISION

INSTRUCTIONS

DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION

1. All Applicants must submit a $25.00 application fee in the form of a check or money order made payable to the ***Oklahoma Insurance Department.***

2. An applicant for an initial registration shall submit to a criminal background check with the Oklahoma State Bureau of Investigation ("OSBI"). The criminal background check shall be conducted through submission of a Criminal History Record Information Request Form ("Form") to the OSBI. The Form can be found on the OSBI website. WWW.OSBI.OK.GOV

   A registration applicant shall request and pay for the following searches with the OSBI: name based, sex offender, and Mary Rippy Violent Offender. The individual navigator and CAC registration applicant shall submit a completed OSBI criminal background check report to the OID at the time of application.

   A registration applicant who is not a resident of the State of Oklahoma shall submit with his or her initial application the results of a criminal background check conducted by the state in which the applicant maintains his or her principal place of residence.

   The Oklahoma Insurance Department is not responsible for any fees associated with the background check.

3. Valid work authorization for all applicants that are not citizens of the U.S. must be submitted with the application. All copies of pictures and documents must be fully legible, or they will be rejected.

4. Include all supporting documents and detailed description to explain any "yes" answers for any questions, above. All written descriptions must include an original signature.

5. Mail application fee and completed registration packet to:

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

6. Assisters must complete the federal certification training, pass the final assessment, and email proof of completion to SBEAssister@OID.ok.gov before assisting consumers.

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

If you have a question regarding your submitted application. Please send an email to licensing@oid.ok.gov