

INSTRUCTIONS FOR COMPLETING APPLICATION

- RE: "Applicant name"** Enter full legal name. If no middle name, enter (NMN). If any part of your legal name is an initial only, place parentheses around such initial.
- RE: "Address information"** Do not enter the word "same" in any address area. Enter the appropriate address. P. O. Box is **not** acceptable for a resident or business address. Business and mailing addresses are public record and are available to the public. **It is the applicant's/licensee's responsibility to notify the department of any change in address.**
- RE: "Are you a citizen of the United States"** If no is answered, the applicant must supply a copy of both sides of the work authorization.
- RE: "Previous license history information"** If currently licensed as a resident in another state, upon becoming a California resident, a clearance letter from the previous state of residence is also required.
- RE: "AKA/Alias"** List previously and currently used aliases and maiden names, if any. If you are currently using an "also known as" (AKA) name which you desire to be noted on record, so state. Abbreviations of true name or "nick" names are not acceptable.
- RE: "Background questions"** If you answer yes to any of these questions, you must submit a signed statement, with your original signature summarizing the details of each event. You must also provide the additional certified documentation described with each question.
- To obtain insurance licensing information, you may phone our Sacramento office at (800) 967-9331.
 - You may also obtain licensing information and a complete list of licensing fees by visiting our Web site at <http://www.insurance.ca.gov>
 - Mail application with attachments and fees to :
Department of insurance
300 Capitol Mall, 16th Floor
Sacramento, CA 95814-4313

All fees are filing fees and are not refundable, whether or not the application is acted upon.

Notice: Information collection and access

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

Agency: Department of Insurance, Address: 300 Capitol Mall, 16th Floor Sacramento, Ca 95814-4313, Telephone number: (800) 967-9331

Title of official responsible for information maintenance: Chief, Producer Licensing Bureau

Authority which authorizes the maintenance of the information: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

The consequences, if any, of not providing all or part of the requested information: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

Each individual has the right to review filed maintained on them by the agency, unless the information is classified as Confidential under section 1798.3(a) of the Civil Code.