

**VIRGINIA STATE CORPORATION COMMISSION**  
**BUREAU OF INSURANCE**  
**PO BOX 1157 RICHMOND VIRGINIA 23218 804-371-9631**  
**Overnight Mailing Address: 1300 E. Main Street, Richmond, VA 23219**

PIN 3001  
 DEC 2003

**APPLICATION FOR INDIVIDUAL LICENSE → FEE = \$15 (FIFTEEN DOLLARS) PER LICENSE TYPE**

**VIRGINIA RESIDENT APPLICANTS MUST ATTACH TO THIS APPLICATION A CRIMINAL HISTORY RECORD REPORT WHICH MAY BE OBTAINED BY CONTACTING THE VIRGINIA STATE POLICE AND REQUESTING THE INFORMATION. IF YOU FAIL TO PROVIDE A CURRENT (NO MORE THAN 90 DAYS OLD) CRIMINAL HISTORY RECORD REPORT, THE BUREAU WILL REFUSE TO ISSUE A LICENSE TO YOU. (§§ 38.2-1820 AND 38.2-1831 OF THE CODE OF VIRGINIA.)**

**THE NONREFUNDABLE APPLICATION PROCESSING FEE MUST BE PAID BY CERTIFIED CHECK, BANK OR TELLER'S CHECK, COMPANY CHECK, OR MONEY ORDER MADE PAYABLE TO THE STATE CORPORATION COMMISSION. No personal or agency checks will be accepted unless certified, and no cash will be accepted.**

*NOTE: An appointment is required within six months upon issuance of the license. Failure to obtain an appointment under the license during the prescribed period will result in the Bureau of Insurance terminating the license.*

SS# or VA DMV-Assigned # *	First Name*	Middle Name (Initial or None)*	Last Name*
Residence/Home Address (Physical Street)*			Birth Date*
City*	State*	Zip*	<input type="checkbox"/> 007 - Life and Annuities <input type="checkbox"/> 032 - Personal Lines <input type="checkbox"/> 008 - Health <input type="checkbox"/> 033 - Title <input type="checkbox"/> 030 - Property and Casualty
Mailing Address	P.O. Box		<input type="checkbox"/> 009 - Variable Contracts Have you passed the Series 6 or Series 7 exam and registered with the NASD? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip	<input type="checkbox"/> Check box if you have moved into the state and indicate the date you became a Virginia resident.
Home Phone Number*	Business Phone Number*	CLU    Exam for License Types 007 & 008 will be waived if box <input type="checkbox"/> is checked and required proof is attached.	
Business Fax Number	Business E-Mail Address	CPCU   Exam for License Types 030 & 032 will be waived if box <input type="checkbox"/> is checked and required proof is attached.	
Business Name*		Assumed or Fictitious Name (If transacting under a name other than your own)	
Address (Physical Street)*		P.O. Box*	City*                      State*                      Zip*

**PART 1 – APPLICANT'S CERTIFICATION AND ATTESTATION**

I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments thereto 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 denial of this application or future license revocation if the license applied for is issued, and that I may also be subject to civil or criminal penalties.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**PLEASE COMPLETE BOTH PAGES OF THIS FORM. FIELDS MARKED WITH AN ASTERISK (\*) ARE REQUIRED. IF NOT APPLICABLE, MARK "N/A."**

Name: \_\_\_\_\_ SS# or VA DMV-Assigned #: \_\_\_\_\_

**PART 2**

1. Have you ever been the subject of an administrative proceeding or disciplinary action of any kind regarding any insurance or other professional or occupational license, including: revocation or suspension of a license; refusal to issue or renew a license; fine or penalty; settlement or consent order; or agreement to voluntarily surrender a license as the result of a complaint or investigation?

**Yes**  **No** *If so, and you have not previously filed this information with this Bureau, attach a copy of the official document which demonstrates the charges and final judgment and a detailed explanation.*

2. Have you ever been convicted of (or pled guilty or nolo contendere to) a violation of law, other than minor traffic violations?

**Yes**  **No**

**VIRGINIA RESIDENTS:** Whether you check Yes or No, you MUST attach a current (no more than 90 days old) copy of the Criminal History Record from the Virginia State Police.

**ALL APPLICANTS:** If you answered "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,
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment, and
- d) if applicable, a letter from the federal or state probation and parole office outlining your performance or satisfactory completion of your probationary period.

3. **If currently or previously appointed as an insurance agent**, are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account?

**Yes**  **No**  **Not Applicable**

*If so, and you have not previously filed this information with this Bureau, attach a sheet with a complete explanation.*

**PART 3 - NON-RESIDENTS ONLY**

Attach a current (no more than 90 days old) certification from the insurance department in the state in which you reside. The only exception is if you reside in a state that bases resident licensing on your principal place of business, and you work in another state where you are licensed as a resident. If this exception applies to you, you must submit a certification from that state, complete the business address on the first page of this form and check this box.

**PART 4 - NEW RESIDENTS OF VIRGINIA ONLY**

Attach a clearance letter from the insurance department in the state in which you previously resided.

**PART 5 - IMPORTANT NOTICES**

Sections 38.2-1822 and 38.2-1826 of the Code of Virginia require each agent to report to the Commission and to every insurer that he represents any change in his residence address or name within thirty days of the change, and to notify the Commission immediately upon adoption of an assumed or fictitious name (trade name). Virginia resident agents must notify the Commission and surrender all licenses and appointments for cancellation immediately upon moving their legal residence from Virginia.

Pursuant to § 38.2-1826 B of the Code of Virginia, once this license has been issued, you must report to the Bureau of Insurance within 30 days the facts and circumstances regarding a conviction of or pleading guilty or nolo contendere to any felony offense.

Pursuant to § 38.2-1833 of the Code of Virginia, a licensed agent may sell, solicit, or negotiate insurance on behalf of an insurer by which he is not appointed ONLY for 45 days from the date of execution of the first application solicited on behalf of such insurer, and ONLY if a request for appointment is submitted to such insurer along with or prior to submission of such first application.

In accordance with Virginia Code § 38.2-1819 C, and by signing this application, except where prohibited by state or federal law, you hereby appoint the Clerk of the State Corporation Commission of Virginia as the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this license.

By applying for this license, you agree that personal information relevant to your status as a licensed insurance agent in Virginia, including but not limited to your name, residence address, social security number, date of birth, license and appointment status, and investigation or disciplinary action summary data may be reported to the National Association of Insurance Commissioners and to other state insurance regulatory authorities or other interested parties. By submitting this application, you are acknowledging that you are familiar with and agree to comply with the Insurance and Related Laws of Virginia.

**Continuing Education (CE) is required by Virginia law.**

For a CE Handbook or information about CE, contact Experior Assessments, LLC, at 1-800-482-2366, or visit its website at [www.experioronline.com](http://www.experioronline.com).

**PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BLOCK.**