



APPLICATION FOR INDIVIDUAL AGENT LICENSE

Applicant General Information Guide begins on Page 10.

This application form is to be used by individuals who are:

- *not* required to pass a qualifying examination through Pearson VUE
- individuals applying for a Temporary license or provisional permit
- a military service member, veteran, or military spouse
- reinstating an individual license that has been expired for more than 90 days but less than one year

This application must be typed or printed in ink.

Those applicants required to take a qualifying examination must apply electronically through www.sircon.com/texas EXCEPT for Life & Health Insurance Counselor, Insurance Service Representative, and Risk Manager applicants.

All applications are subject to further review. Any affirmative response to a screening question may extend processing times. *Failure to disclose criminal history information may result in denial of license.*

Part I–To be completed by all individual applicants – Applicants must choose only one license type.

Those who wish to apply for more than one license type must submit a separate application and fee for each type.

The license types with a “**p**” symbol below can be applied for as a **provisional permit** [Texas Insurance Code (TIC), Subchapter H, **§4001.351**

License Types - ONLY check ONE BOX per application submission:

- | | | |
|---|--|---|
| <input type="checkbox"/> General Lines–Life, Accident & Health p | <input type="checkbox"/> Life & Health Insurance Counselor | <input type="checkbox"/> Insurance Service Representative |
| <input type="checkbox"/> General Lines–Property & Casualty p | <input type="checkbox"/> Full-Time Home Office Salaried Employee | <input type="checkbox"/> Managing General Agent |
| <input type="checkbox"/> Life p | <input type="checkbox"/> Personal Lines Property and Casualty | <input type="checkbox"/> Surplus Lines |
| <input type="checkbox"/> Life Insurance Not Exceeding \$25,000 p | <input type="checkbox"/> Limited Lines | <input type="checkbox"/> Risk Manager |
| <input type="checkbox"/> Funeral Prearrangement Life p | <input type="checkbox"/> County Mutual p | |

License Fees: Unless otherwise indicated, fees are **\$50.00** per license type, **\$100** for a provisional permit, or **\$150** for a temporary license. A **\$75** fee is required for a license that has been expired for more than 90 days but less than one year (**TIC §4003.007**). **Make check or money order payable to the Texas Department of Insurance. All license fees are nonrefundable and nontransferable. (TIC §4001.006)**

Applicant Information - Please read carefully and provide all requested information.

1 Are you requesting a **provisional permit (p)** for the **license type** selected above?

- No Yes

2 **Applicant’s Full Legal Name**–nicknames and abbreviations are not acceptable.

| | | | |
|-----------|------------|-------------|--------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|-----------|------------|-------------|--------|

3 **Applicant’s Social Security Number, Date of Birth, and Daytime Phone Number**– The application cannot be processed without this information. Disclosure of Social Security Number is required by **Texas Family Code §231.302**.

| | | | |
|------------------------|--------------------------|-----------------------|-----|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YY) | DAY TIME PHONE NUMBER | EXT |
|------------------------|--------------------------|-----------------------|-----|

4 **Mailing Address (required)**–*This is the address of record with TDI; TDI correspondence will be mailed to this address)*

| | | | |
|--|-------|----------------|-------|
| STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX | | APT, STE, ETC. | |
| _____ | _____ | _____ | _____ |
| CITY | STATE | ZIP CODE | |

5 Legal Resident Address (required—This is the address where you live and establishes state of residency)

| | |
|--|----------------|
| STREET, PHYSICAL LOCATION (P.O. BOX IS NOT ACCEPTED) | APT, STE, ETC. |
| CITY | STATE |
| | ZIP CODE |

6 Official Business Address (required—This must be your primary office address where you will maintain business records of Texas insurance transactions)

| | |
|---|----------------|
| STREET, PHYSICAL LOCATION (P.O. BOX NOT ACCEPTED) | APT, STE, ETC. |
| CITY | STATE |
| | ZIP CODE |

7 Applicant’s E-mail Address (required—E-mail will be used only for TDI communications)

E-MAIL ADDRESS

Applications will not be processed until proper documentation or details are received and a review is completed.
All applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in denial of license.

8 Excluding traffic violations and first offense DWI:

- a. Do you currently have **any pending misdemeanor or felony charges** (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?
 No Yes
- b. Have you **ever** been **convicted of any misdemeanor or felony offense** in Texas, in any other state or by the federal government?
 No Yes
- c. Have you **ever** had **adjudication deferred on any misdemeanor or felony charge or offense** in Texas, in any other state or by the federal government?
 No Yes
- d. Have you **ever served any period of probation** for any misdemeanor or felony offense in Texas, in any other state or by the federal government?
 No Yes

If you answer “**Yes**” to any of questions **8 a–d**, you must submit original **certified** copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offenses. You must include your age at the times of the offenses. You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.

9 Have you ever applied for a letter of consent, as required under section 18 U.S.C. 1033(e), from any insurance regulatory official from Texas or any other state?

- No Yes

If you answer “**Yes**”, the application will not be processed until you provide full details of the outcome of that proceeding and all supporting documents to the department.

If you answer “**No**”, and you have been convicted of any criminal felony involving dishonesty or breach of trust, or an offense under section 18 U.S.C. 1033, the application will not be processed until you submit a signed and notarized request for written consent with all supporting documentation to the department.

10 Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?

If you answer “**Yes**”, a license will not be issued until full details of the administrative or legal action are provided.

- No Yes

11 Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?

- No Yes

If you answer "Yes", a license will not be issued until full details of the indebtedness are provided.

12 Have you ever had an agency contract or company appointment cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?

- No Yes

If you answer "Yes", a license will not be issued until full details are provided. Cancellation for cause does not include cancellations due to license expiration (nonrenewal).

13 During the last 6 months, have you applied for or received a temporary license of the type for which you are now applying?

- No Yes

If you answer "Yes", a temporary license will not be issued. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.

14 Do you currently hold any insurance agent license, adjuster or public insurance adjuster license in any state other than Texas or have you held any insurance agent license, adjuster or public insurance adjuster license in any state other than Texas within the last five years?

- No Yes

If you answer "Yes", you must provide the following:

Applicants who have held a resident license in another state within the previous five years from the date of this application **must attach** a Clearance Letter from the Insurance Commission in the states in which the applicant was previously licensed. A NIPR Producer Database printout showing the termination of the license in the applicant's previous resident states can take the place of a Clearance Letter.

Applicants holding a current resident license in another state must attach an original Certificate of Good Standing from the Insurance Commission in the applicant's state of residence. The Certificate of Good Standing must be dated within 90 days of receipt of the completed application. A NIPR Producer Database print out showing that a current license is held in the applicant's resident state with the same license type that you are applying for can take the place of a Letter of Certification.

15 This application is for a license I previously held that is expired for more than 90 days but less than one year. I will attach the required \$75 license fee. (TIC \$4003.007)

- No Yes Previous License Number _____

16 Do you qualify as any of the following? (attach proof of military identification to this application)

a. "Military service member" – means a person who is currently serving in the armed forces of the United States, or in a reserve component of the armed forces including the National Guard, or in a state military service of any state.

- No Yes

b. "Military spouse" – means a person who is married to a military service member who is currently on active duty.

- No Yes

c. "Military veteran" – means a person who has served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or in an auxiliary service of one of those branches of the armed forces.

- No Yes

d. Are you requesting a non-resident military fee waiver?

- No Yes

If you answer "Yes" to a, b, or c in question 16, please mark the top of **Page 1** of this application with a **highlighted "M"**.

17 Do you have a child support obligation in arrearage?

- No Yes

If you answered "Yes", you must answer a, b, and c of question 17:

a. How many months are you in arrearage? _____

b. Are you currently subject to and in compliance with any repayment agreement?

- No Yes

c. Are you the subject of a child support related subpoena or warrant?

- No Yes

Part II–Surplus Lines Agents (Surplus Lines Agents Only)

To qualify for a Texas Surplus Lines License, you must hold a current Texas General Lines–Property and Casualty License or a current Texas Managing General Agent License (**TIC §981.203**).

Provide your underlying license type and current Texas license number:

| | |
|-------------------------|--------------------|
| UNDERLYING LICENSE TYPE | TDI LICENSE NUMBER |
|-------------------------|--------------------|

Part III–Insurance Service Representatives (Insurance Service Representatives Only)

Certificate for Insurance Service Representatives – Must be completed by the appointing licensed General Lines–Property and Casualty Agent, or Personal Lines Property and Casualty Agent, or an officer or partner of a licensed General Lines–Property and Casualty Agency or Personal Lines Property and Casualty Agency.

CERTIFICATE FOR INSURANCE SERVICE REPRESENTATIVES

This is to certify that the above-mentioned applicant is appointed to act as an Insurance Service Representative (ISR) for this General Lines–Property and Casualty Agent/Agency or Personal Lines Property and Casualty Agent/Agency in the state of Texas, subject to the applicant’s qualifying for a license. If this appointment is terminated or canceled, the Texas Department of Insurance must be notified immediately of such termination. Notification should be made using the [Insurance Representative \(ISR\) Transfer/Cancel Employment](#) (TDI Form FIN529), which can be accessed from our Information Update forms web page at www.tdi.texas.gov/forms/form11update.html.

Appointing General Lines–Property and Casualty or Personal Lines Property and Casualty AGENT:

| | | |
|-------------------------------|---|---|
| SIGNATURE OF SPONSORING AGENT | PRINT OR TYPE SPONSORING AGENT’S LEGAL NAME | AGENT’S TDI LICENSE NUMBER (AS APPEARS ON THE CURRENT LICENSE) |
|-------------------------------|---|---|

DATE SIGNED (MM/DD/YY)

Appointing General Lines–Property and Casualty or Personal Lines Property and Casualty AGENCY:

| | |
|--|-------------------------------------|
| SIGNATURE OF AGENCY OFFICER OR PARTNER | SIGNING OFFICER’S OR PARTNER’S NAME |
|--|-------------------------------------|

| | |
|--|-----------------------------|
| SPONSORING AGENCY’S LEGAL NAME (AS IT APPEARS ON THE CURRENT LICENSE) | AGENCY’S TDI LICENSE NUMBER |
|--|-----------------------------|

DATE SIGNED (MM/DD/YY)

Part IV–Notice of Appointment (*appointments for provisional permits, see Part V*)

To be completed by a sponsor on behalf of those applying for a Full-Time Home Office Salaried Employee's [HOSE] registration or Temporary License only. All other permanent license types including: General Lines Agent's [GL], Life Agent's [LAGT], Limited Lines Agent's [LL], Funeral Pre-arrangement Life Agent's [PN], Life Insurance Not Exceeding \$25,000 Agent's [LI], County Mutual Agent's [CM], Personal Lines Property and Casualty Agent's [PLPC] license appointments must be submitted electronically through [National Insurance Producer Registry](#) or [Sircon for States](#). Subagent appointments or terminations must be made by submitting the paper [FIN501 Notice of Appointment form](#).

An application to register a Full-Time Home Office Salaried Employee must include a completed Notice of Appointment.

Temporary License. All applicants for a General Lines Agent, Life Agent, Limited Lines, Funeral Prearrangement Life Agent, Life Insurance Not Exceeding \$25,000 Agent, Personal Lines Property and Casualty Agent or County Mutual Agent license may apply for a temporary license with this application. If a temporary license is requested by the appointing company and if the company and applicant are eligible, TDI will issue such a license for a period of 90 days, without examination. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant. **A temporary license application must include a completed Notice of Appointment.**

Life Insurance Not Exceeding \$25,000, Funeral Prearrangement Life and County Mutual Agent temporary licensees must provide to TDI a certification by the appointing insurance company that the temporary agent has completed the required course of study and passed the written examination with a copy of the temporary license within the temporary license's active period to obtain the permanent license without a new application.

General Lines Agent, Life Agent, Limited Lines and Personal Lines Property and Casualty Agent temporary licensees must successfully complete the required license examination within the temporary license period to obtain the permanent license without a new application. [28 TAC § 19.807](#)

If the temporary license is no longer active when the required license exam is passed, a new application and \$50 application fee must be submitted for the permanent license. Most license types will require you to apply electronically through [Sircon for States](#). Refer to our [website](#) for instructions on how to apply for a license.

A new company appointment will also need to be filed electronically through [National Insurance Producer Registry](#) or [Sircon for States](#); or if a subagent appointment by filing the [FIN501 – Notice of Appointment or Appointment Termination](#).

NOTICE OF APPOINTMENT FORM FOLLOWS ON THE NEXT PAGE

Part IV—Notice of Appointment – Continued

PLEASE FOLLOW INSTRUCTIONS ON PREVIOUS PAGE

NOTICE OF APPOINTMENT FOR TEMPORARY GL, LAGT, LL, PN, LI, PLPC, CM AND HOSE APPLICANTS

Applicant’s Full Legal Name – nicknames and abbreviations are not acceptable.

 FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE) LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Enter sponsoring company, sponsoring agency or sponsoring agent information.

Name of sponsoring insurance company appointing a TEMP GL, LAGT, LL, PN, LI, PLPC, CM or HOSE applicant:

 APPOINTING COMPANY NAME (GROUP NAMES NOT ACCEPTABLE) NAIC NUMBER OF APPOINTING COMPANY

OR—Name of sponsoring agency sponsoring a GL, LAGT or PLPC as a subagent:

 SPONSORING AGENCY NAME AGENCY TAX ID NUMBER
 (AS IT APPEARS ON THE CURRENT AGENCY LICENSE)

OR—Name of sponsoring individual agent sponsoring a GL, LAGT or PLPC as a subagent:

 SPONSORING INDIVIDUAL AGENT’S NAME SSN OF SPONSORING INDIVIDUAL AGENT
 (AS IT APPEARS ON THE CURRENT AGENT LICENSE)

Temporary License: (for GL, LAGT, LL, PN, LI, PLPC or CM license types only):

Does this company want the above-named applicant to receive a temporary license to act as a full-time agent in accordance with the provisions of **TIC §4001, subchapter D**? No Yes

If "Yes", please provide the telephone number of the office where the agent will be assigned:

The Appointing Official must read and sign the following statements:

This is to certify that the applicant named on **Page 1** and above is appointed to act as an agent for this company in the state of Texas subject to the applicant qualifying for a license. If this appointment is terminated or canceled, the Texas Department of Insurance will be notified immediately of such termination.

This applicant meets the requirements as set out in the TIC and the rules and regulations promulgated by the Texas Department of Insurance for the type of license applied for herein.

I acknowledge my responsibility for ensuring that the applicant receives training, as required by the TIC.

(SIGNATURE REQUIRED)
 SIGNATURE OF APPOINTING OFFICIAL FOR APPOINTING COMPANY, OR
 SIGNATURE OF OFFICIAL FOR SPONSORING AGENCY, OR
 SIGNATURE OF SPONSORING INDIVIDUAL AGENT

(PRINT OR TYPE)
 APPOINTING OFFICIAL’S FULL LEGAL NAME AND TITLE, OR
 OFFICER’S OR PARTNER’S FULL LEGAL NAME AND TITLE, OR
 SPONSORING INDIVIDUAL AGENT’S FULL LEGAL NAME

 DATE SIGNED (MM/DD/YY)

Part V—Provisional Permit Appointment (*Appointments for provisional permits only*)

Pursuant to TIC 4001, Subchapter H, this part must be completed by all provisional permit applicants and authorized by an appointing official of the sponsoring company or by a sponsoring agent (**TIC §4001.354**). Addresses provided in **Part V** of the application, will only be used for the purpose of communication regarding this application for provisional authority.

 FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE) LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Enter sponsoring company, sponsoring agency or sponsoring agent information.

Name of sponsoring insurance company appointing a GL, LAGT, LI, CM, or PN applicant:

 APPOINTING COMPANY NAME (GROUP NAMES NOT ACCEPTABLE) NAIC NUMBER OF APPOINTING COMPANY

 APPOINTING COMPANY MAILING ADDRESS APPOINTING COMPANY EMAIL ADDRESS

OR—Name of sponsoring agency sponsoring a GL, LAGT or PLPC as a subagent:

 SPONSORING AGENCY NAME AGENCY TAX ID NUMBER
 (AS IT APPEARS ON THE CURRENT AGENCY LICENSE)

 SPONSORING AGENCY MAILING ADDRESS SPONSORING AGENCY EMAIL ADDRESS

OR—Name of sponsoring individual agent sponsoring a GL, LAGT or PLPC as a subagent:

 SPONSORING INDIVIDUAL AGENT'S NAME SSN OF SPONSORING INDIVIDUAL AGENT
 (AS IT APPEARS ON THE CURRENT AGENT LICENSE)

 SPONSORING INDIVIDUAL AGENT'S MAILING ADDRESS SPONSORING INDIVIDUAL AGENT'S EMAIL ADDRESS

The Appointing Official must read and sign the following statements:

This is to certify that the applicant named on **Page 1** and above is appointed to act as an agent for this company, OR a subagent for my agency, OR a subagent for me in the state of Texas subject to the applicant qualifying for a license. If and when this appointment is terminated or canceled, the department will be notified immediately of such termination.

This applicant meets the requirements as set out in the TIC and the rules and regulations promulgated by the TDI for the type of permit applied for herein.

I acknowledge my responsibility for ensuring that the applicant has completed training, and passed the examination as required by the TIC.

I acknowledge my responsibility for ensuring that a background check on the applicant has been completed that shows that the applicant has not been convicted of:

- (i) a **felony**; or
- (ii) an act that requires the applicant to receive **written consent under 18 U.S.C. Section 1033** to engage in the business of insurance.

(SIGNATURE REQUIRED)
 SIGNATURE OF APPOINTING OFFICIAL FOR APPOINTING COMPANY, OR
 SIGNATURE OF OFFICIAL FOR SPONSORING AGENCY, OR
 SIGNATURE OF SPONSORING INDIVIDUAL AGENT

(PRINT OR TYPE)
 APPOINTING OFFICIAL'S FULL LEGAL NAME AND TITLE, OR
 OFFICER'S OR PARTNER'S FULL LEGAL NAME AND TITLE, OR
 SPONSORING INDIVIDUAL AGENT'S FULL LEGAL NAME

 DATE SIGNED (MM/DD/YY)

Part VI—Background Information and Fingerprints

This part must be completed by all applicants except Full-Time Home Office Salaried Employee.

1 I am a **resident** of Texas and:

- a. I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions) or,
- b. I have an active TDI agent/adjuster license and I have already submitted fingerprints to TDI or,
- c. I have an active TDI license or registration, other than an agent/adjuster license, and I have already submitted my fingerprints to TDI with a:

_____, on _____
 TYPE OF APPLICATION OR FILING DATE FINGERPRINTS SUBMITTED TO TDI
 (MM/DD/YY)

Resident applicants must include a copy of their fingerprint receipt unless the applicant **(1)** has an active TDI license or registration and **(2)** submitted fingerprints to TDI with another license application or TDI filing. **Fingerprints will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.**

2 I am a **nonresident** of Texas, and I meet the background information requirement as follows:

- a. I hold an active license in good standing in my resident state as reflected on the National Association of Insurance Commissioner’s Producer Database or,
- b. I have attached a current Certificate of Good Standing from my resident state or,
- c. I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety.

All nonresident license applicants who do not hold a current insurance license in good standing in the applicant’s state of residence shall, through the **law enforcement agency of the state of residence**, submit a copy of the applicant’s criminal history records. If the resident state will not provide a criminal history record for licensing purposes, the applicant must provide a fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions).

Part VII-Individual Applicant Signature Page (to be completed by all applicants)

All Applicants must read, sign, and have this section notarized before submitting the license application.

I hereby certify that I have personally answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance which relate to the issuance of the license for which I am applying and the grounds under which such license may be denied, suspended, revoked or non-renewed, and that I meet the requirements for the license type applied for herein. I further acknowledge that I am subject to both disciplinary action and criminal prosecution if my application contains a false, fictitious, or fraudulent statement or entry with regard to any material fact.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

I acknowledge and understand that I have the duty to inform the commissioner of insurance of any disciplinary action taken against me in any other state in which I may be licensed within thirty (30) days of the happening of such disciplinary action.

I further acknowledge that I have the duty to update the information contained on this application, including a change of my address, and that failure to do so may constitute grounds for revocation or suspension of my insurance licenses.

I understand all applications are subject to further review. Any affirmative response to a screening question may extend processing times. **Failure to disclose criminal history information may result in denial of license.**

SIGNATURE OF APPLICANT
(PRINT OR TYPE BELOW)

FULL LEGAL NAME OF APPLICANT LAST NAME FIRST NAME MIDDLE NAME SUFFIX

The State of, _____ County of _____

Before me, _____, on this day personally appeared
(PRINTED NAME OF NOTARY PUBLIC)

_____, known to me or proved to me
(PRINTED FULL LEGAL NAME OF APPLICANT)

on the oath of _____ or through _____
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC) (DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he or she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. 20_____.

(NOTARY SEAL)

(NOTARY PUBLIC SIGNATURE)

Notary Public, State of _____

Send completed application, any other required documents, and a check or money order made payable to the Texas Department of Insurance.

General Information Guide

- Required parts
- * A temporary license is available for this license type. Part IV, Notice of Appointment is required for a temporary license.
- P A provisional permit is available for this license type. Part V, is required for a provisional permit.

| LICENSE TYPE | PART I | PART II | PART III | PART IV | PART V | PART VI | PART VII |
|---|--------|---------|----------|---------|--------|---------|----------|
| General Lines–LAH (§§ 4054.051) * P | • | | | * | P | • | • |
| General Lines–P&C (§§ 4051.051) * P | • | | | * | P | • | • |
| Life Agent (Chapter 4054) * P | • | | | * | P | • | • |
| Life Insurance Not Exceeding \$25,000 (§§ 4054.201) * P | • | | | * | P | • | • |
| Funeral Prearrangement Life (§§ 4054.151) * P | • | | | * | P | • | • |
| Life & Health Insurance Counselor (Chapter 4052) | • | | | | | • | • |
| Full-Time Home Office Salaried Employee (§§ 4051.301) | • | | | • | | | • |
| Personal Lines Property and Casualty (Chapter 4051) * | • | | | * | | • | • |
| Limited Lines (§§ 4054.101 and §§ 4051.101) * | • | | | * | | • | • |
| County Mutual (§§ 4051.201) * P | • | | | * | P | • | • |
| Insurance Service Representative (§§ 4051.151) | • | | • | | | • | • |
| Managing General Agent (Chapter 4053) | • | | | | | • | • |
| Surplus Lines Agent (Chapter 981) | • | • | | | | • | • |
| Risk Manager (Chapter 4153) | • | | | | | • | • |

An online application for a license is now required for most license types. License type information and descriptions, including examination/application requirements and exemptions, may be found on our website at <http://www.tdi.texas.gov/agent/index.html>.

This application with fee(s) and required attachments **must** be mailed to:

Texas Department of Insurance, MC 107-1A
Agent and Adjuster Licensing
P O Box 12069
Austin, TX 78711-2069

Overnight address:

Texas Department of Insurance, MC 107-1A
Agent and Adjuster Licensing
208 E. 10TH Street, MC 107-1A
Austin, TX 78701-2407

Obtaining a Printed License: A printed Texas Department of Insurance license may be obtained for free, **within 30 days** from when an application is approved and a license issued, if you applied through Compliance Express or if you have obtained a no cost ProducerEDGE account at: www.sircon.com/Texas. **After 30 days**, a **\$5.00** fee will be required, unless you maintain a no cost ProducerEDGE account. You will need your license number to access a printable license; your license number may be obtained via a search at: <https://txapps.texas.gov/NASApp/tdi/TdiARManager>.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

Fees: 28 TAC §§ 19.801–19.802: All **\$50** application, **\$150** temporary license application, or **\$100** provisional permit fees are nonrefundable and nontransferable as authorized by the Texas Insurance Code. Make check or money order payable to the **Texas Department of Insurance**.

Provisional Permit Applicants: A provisional permit allows you to act as an agent, with the supervision of a sponsor, until your license is issued. A sponsor can be another agent, an insurer, or health maintenance organization. The sponsor must appoint you as an agent under them. Permits are offered for these license types:

- County Mutual
- Funeral Pre-arrangement Life
- General Lines - Life, Accident, Health and HMO
- General Lines - Property and Casualty
- Life Insurance
- Life Insurance Not Exceeding \$25,000

To learn more, go to the [Provisional permits webpage](#).

Non-Resident Military Applicants: A military service member, veteran, or spouse with a license in another state doesn't have to pay an application fee for a similar Texas license. Candidates should include their military identification along with a request for a fee waiver when they apply. This waiver only applies to new applications, not license renewals. See Part 1, question #16.

Applicants with Expired Licenses: If a person's license has been expired for more than 90 days but less than one year, the person may not renew the license, but is entitled to a new license without taking the applicable examination if the person submits to TDI a new application, the license fee, and an additional fee equal to one-half of the license fee. If a person's license has been expired for one year or more, the person may obtain a new license by submitting to reexamination, if examination is required for original issuance of the license, and by complying with the requirements and procedures for obtaining an original license.

Temporary License Applicants: All applicants for a General Lines Agent, Life Agent, Limited Lines, Funeral Prearrangement Life Agent, Life Insurance Not Exceeding \$25,000 Agent, Personal Lines Property and Casualty Agent or County Mutual Agent license must apply for a temporary license with this application. The temporary license application must include a completed Notice of Appointment, Part IV, signed by the appointing company. A temporary license period is 90 days.

Temporary Funeral Prearrangement Life, Life Insurance Not Exceeding \$25,000 or County Mutual temporary license holders must submit to TDI, by fax to 512-490-1052, a certification by the appointing insurance company that the temporary agent has completed the course of study and examination as required by the Texas Insurance Code (TIC) with a copy of the temporary license to obtain a permanent Funeral Prearrangement Life License, Life Insurance Not Exceeding \$25,000 License, or the County Mutual License. If the temporary license is no longer active when the exam is passed, a new [TDI FIN506 application](#) and \$50 application fee is required for the full license.

A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant. If the temporary license is no longer active when the exam is passed, a new application and \$50 application fee is required for the full license. An online application for a license is now required for most license types. License type

information and descriptions, including examination/application requirements and exemptions, may be found on our website at <http://www.tdi.texas.gov/agent/index.html>.

Addresses: The **Mailing Address** provided in Part I, number 4 must be your permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. The applicant's current **Mailing Address** is presumed to be the address on the most recent license renewal for an existing license or on this license application form, whichever is latest. This address will be considered the applicant's or agent's last known address for the purposes of notice to the applicant or agent by TDI. The **Legal Resident Address** is the address where you currently live. The **Legal Resident Address** is used to determine the state of residence for licensing purposes.

Address Changes: Address changes must be reported to TDI within 30 days as required in the TIC §4001.252 and §4003.009. Individual licensees who wish to submit an address change within the same state should submit the request online through [NIPR Contact Change Request](#) or [Producer Edge Account](#). All other change requests should be submitted on the [Licensee Name/Address Change Request](#) (TDI Form FIN533) to TDI. There is no fee for this change request. Please review the instructions on the form carefully to ensure all necessary information is included, and that any delivery or mailing instructions are followed.

Texas Licensed Nonresident Individuals Changing Residency to Texas:

Processing a change from a nonresident licensee status to a resident licensee status requires a completed [Application for Residency Change to Texas](#) (TDI Form FIN594).

All address change request forms **MUST** be dated and signed by the license holder; and **MUST** include any of the required items listed in the appropriate form.

Fingerprint Requirements and Instructions:

Fingerprinting: The fingerprint requirement is authorized in **TIC §801.056, §4001.103**, and by **28 TAC §1.501** and **§§1.503 – 1.509**.

Applicants claiming exemption from the fingerprint requirement based on **28 TAC §1.504(b)** must provide information on the type of license application or TDI filing with which the fingerprints were submitted and the date the fingerprints were submitted to TDI.

The department strongly encourages applicants to utilize electronic fingerprinting through approved vendors, as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.

Fingerprint cards are no longer accepted by TDI.

For detailed information about fee requirements and about [Fingerprint Requirements and Instructions](#), please click on the link.

TDI cannot complete processing an application until it receives a criminal history report from the DPS and the FBI for applicants required to provide a fingerprint receipt.

References: You may view the Texas Insurance Code at <https://statutes.capitol.texas.gov/?link=IN> and the Texas Administrative Code at [http://texreg.sos.state.tx.us/public/readtac\\$ext.viewtac](http://texreg.sos.state.tx.us/public/readtac$ext.viewtac).



Department of Insurance Use Only

Texas Fingerprint Service Code Form

Service Name: Dept. of Insurance

To schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

11G6QF

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.