

# ALABAMA

## State Licensing Instruction

### Please Type or Print Legible

1. Complete Application for Individual Producer License/Registration
2. Sign Form
3. Your information will go in the fields for Business Entity Name/Address etc
4. Make sure you provide an email address in #13 along with your Home Phone Number
5. Employment History #35
  - a. You must provide 5 yrs worth of Employment, Unemployment and/or Education
  - b. There cannot be any gaps in the dates
6. Alabama law requires that you provide **PROOF OF CITIZENSHIP** to apply or renew a license. (example: Copy of front and back of Valid Driver's License , Passport) You may also visit the Alabama website at: <https://aldoi.gov/LicenseeCZ/Renewal.aspx> to find more examples acceptable for proof of citizenship.
7. Make all necessary attachments.
8. Mail Application and Proof of Citizenship along with the following filing fees:
  - a. Check or Money Order in the amount of \$85.60 for State Licensing
  - b. Check or Money Order in the amount of \$42.55 for the appointment
  - c. Make check payable to Motor Club of America Enterprises, Inc.

### Mail to:

Motor Club of America Enterprises, Inc.  
14313 N. May Ave  
Oklahoma City Ok 73134

## APPROVED DOCUMENTATION FOR U.S. CITIZENSHIP OR ALIEN'S LAWFUL PRESENCE

U. S. citizenship may be demonstrated by furnishing any one of the following documents or a legible photocopy or a copy in a digital or other electronic format of any such document:

- (1) A driver's license or non-driver's identification card (**FRONT and BACK**) issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or non-driver's identification card.
- (2) A birth certificate indicating birth in the United States or one of its territories.
- (3) Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
- (4) United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.
- (6) Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) A consular report of birth abroad of a citizen of the United States of America.
- (8) A certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) A certification of report of birth issued by the United States Department of State.
- (10) An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) Final adoption decree showing the person's name and United States birthplace.
- (12) An official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
- (14) AL-verify.
- (15) A valid Uniformed Services Privileges and Identification Card.

(16) Any other form of identification that the Alabama Department of Revenue authorizes, through an administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person's United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

An alien's lawful presence in the United States is presumed if one of the following forms of identification is provided:

- a. A valid, unexpired Alabama driver's license.
- b. A valid, unexpired Alabama non-driver identification card.
- c. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- d. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance.
- e. A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.
- f. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.

Lawful presence within the United States may be verified through the Systematic Alien Verification for Entitlements program operated by the U. S. Department of Homeland Security, or by other verification with the U. S. Department of Homeland Security pursuant to 8 U.S.C. §1373(c).



Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Individual Producer License/Registration

(Please Print or Type)

**Check appropriate box for license requested.**

- Resident License
- Non-Resident License

• Identify Home State: \_\_\_\_\_

ALABAMA

### Demographic Information

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number					
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name	⑦ Date of Birth (month) ___ (day) ___ (year) ___
⑧ Residence/Home Address (Physical Street)			⑨ City		⑩ State
			⑪ Zip Code	⑫ Foreign Country	
⑬ Home Phone Number ( ) -		⑭ Gender (Circle One) Male <input type="checkbox"/> Female <input type="checkbox"/>	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
Individual Applicant Email Address: _____					
⑯ Business Entity Name					
⑰ Business Address (Physical Street)			⑱ P.O. Box	⑲ City	⑳ State
			㉑ Zip Code	㉒ Foreign Country	
㉓ Business Phone Number (include extension) ( ) -		㉔ Business Fax Number ( ) -		㉕ Business E-Mail Address	
㉖ Business Web Site Address					
㉗ Applicant's Mailing Address			㉘ P.O. Box	㉙ City	㉚ State
			㉛ Zip Code	㉜ Foreign Country	
㉝ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.					
b. List any trade names under which you are currently doing business or intend to do business.					
(May be subject to state approval)					

### Agency or Business Entity Affiliations

③④ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

### Employment History

③⑤ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					

(State Use)

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## Uniform Application for Individual Insurance Producer License/Registration

### Jurisdiction and Type of License Requested

36) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

<b>License Types:</b>	A – Agent	B – Broker	P – Producer	SLP – Surplus Lines Producer		
<b>Lines of Authority:</b>	V – Variable Life/Variable Annuity	L – Life	H – Accident & Health or Sickness	P – Property	C – Casualty	PL – Personal Lines
<b>Limited Lines:</b>	Credit – Credit	CR – Car Rental	CROP – Crop	T – Travel	S – Surety	O – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
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VT																
WA																
WI																
WV																
WY																





## Uniform Application for Individual Insurance Producer License/Registration

### Background Information

37) The Applicant must read the following 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, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

**Note:** "Crime" includes a misdemeanor, a felony or a military offense.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"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 or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes \_\_\_ No \_\_\_

"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, sanctioned 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer or 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 written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

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## Uniform Application for Individual Insurance Producer License/Registration

6. Have you or any business in which you are or were an owner, partner, officer or director, or 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 an insurance license, and
- b) copies of all relevant documents.

Yes \_\_\_ No \_\_\_

7. Do you have a child support obligation in arrearage?

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes \_\_\_ No \_\_\_
- c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8). In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A \_\_\_  
Yes \_\_\_ No \_\_\_

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes \_\_\_ No \_\_\_

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.





## Uniform Application for Individual Insurance Producer License/Registration

### Applicant's Certification and Attestation

38 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, 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 license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

39 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).