

# ARKANSAS

## State Licensing Instructions

### Please Type or Print Legible

1. Complete the Application for Individual Resident Insurance Producer License and the Individual Record Check Form – **BOTH** forms are required
2. You must complete ALL required fields, which have been highlighted as well as any other portion of the form that applies to you.
3. If your mailing address (#29) is the same as your physical street address (#9), you must fill in your address you cannot state - same as above. However, you must complete both sections. A Post Office address cannot be used for your Residence/Home Address.
4. #18-28 is your personal business address information, if any. You cannot state same as above in any of these spaces, you must fill in the information.
5. #37 Employment History – you must provide 5 years worth of Employment, Unemployment and/or Education. There cannot be any gaps in the dates.
6. All Background Information Questions must be answered
7. The application must be dated and signed with your Full Legal Name. It must be an original signature. Arkansas will not accept a copy or faxed image and your signature cannot be a stamp
8. You must complete and submit an originally signed Arkansas State Police form with your State License Application. The date you sign the form must be the same as the date the notary signs the form.
9. Arkansas will **NOT** accept any crossed out dates, changed dates or whited out dates. Dates cannot be changed in any manner or the entire form will not be accepted. They will only accept original documents that have been dated within the last 30 days.

10. You must mail in your forms with the required filing fees:
- a. \$25.00 for the State License Application
  - b. \$22.55 for the Appointment fee
  - c. \$22.00 money order (no personal checks accepted) made payable to the Arkansas Department of insurance for the background check
  - d. Payments stated in A & B shall be in the form of check or money order and made payable to Motor Club of America Enterprises, Inc.

11. Mail all forms and filing fees to:
- Motor Club of America Enterprises, Inc.  
3200 W Wilshire Blvd  
Oklahoma City OK 73116



**ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1200 WEST THIRD STREET, LITTLE ROCK, AR 72201  
PHONE: 501-371-2750; FAX: 501-683-2604  
Website: [www.insurance.arkansas.gov/License.htm](http://www.insurance.arkansas.gov/License.htm)**

**Uniform Application for Arkansas Individual Resident Insurance Producer License  
(Please Print or Type)**

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑤ Last Name JR./SR. etc.		⑥ First Name	⑦ Middle Name
⑧ Date of Birth (month) ___ (day) ___ (year) ___			
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City
		⑫ State	⑬ Zip Code
⑭ Foreign Country			
⑮ Home Phone Number ( ) -		⑯ Gender (Circle One) Male Female	
⑰ 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, you must supply proof of eligibility to work in the U.S.)			
⑱ Business Entity Name			
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City
		㉒ State	㉓ Zip Code
㉔ Foreign Country			
㉕ Business Phone Number ( ) -		㉖ Business Fax Number ( ) -	
		㉗ Business E-Mail Address	
㉘ Business Web Site Address			
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City
		㉜ State	㉝ Zip Code
㉞ Foreign Country			
㉟ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business.			
b. List any trade names under which you are currently doing business or intend to do business.			

**Agency or Business Entity Affiliations**

③⑥ 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**

③⑦ 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	City	State	Foreign Country	From		To		Position Held
				Month	Year	Month	Year	

<b>Department Use Only:</b>		Date received _____	Funds Received _____	Ch # RS # _____
Date Processed _____	Other _____			
ASI Received Dated _____	Date Passed _____	Exam Passed _____		



5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration 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) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration or mediation proceedings, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of 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.

7. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to a 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 or current payments or an approval repayment plan from the appropriate state child support agency.

**Applicants Certification and Attestation**

40) 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. Where required by law, 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, either a) I have no child-support obligation, or 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 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. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

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

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

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



**Identification Bureau  
Individual Record Check Form**

Full Name: \_\_\_\_\_ / \_\_\_\_\_  
                    First                    Middle                    Last Name                    Maiden/Other

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
                    (Month/Day/Year)

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    ZIP

Daytime Phone #: ( ) \_\_\_\_\_

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: ARKANSAS INSURANCE DEPARTMENT  
                    (First/MI/Last Name) or Full Name of Agency

Mailing Address: 1200 West Third Street Little Rock AR 72201-1904  
                                    Street                                    City                                    State                                    ZIP

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                    (First/MI/Last Name)                                    (Month/Day/Year)

**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF \_\_\_\_\_

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COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

82001 Civil Record Check