

NEW MEXICO

State Licensing Instructions:

Please type or Print Legible

1. Complete the Application for Individual Motor Club Representative Registration/License
2. #35 Employment History – You will need to provide 5 years worth of Employment, Unemployment and/or Education with no gaps in the dates.
3. You must sign the application
4. You must attach a copy of the 3M Cogent Proof of Fingerprint Submission Receipt. The fingerprint reason must be for that of Insurance. See attached instructions for further information regarding fingerprinting.
5. Make all necessary attachments, if any.
6. Mail form with the following filing fees:
 - a. Check or Money Order in the amount of \$35.00 made payable to Motor Club of America.

Mail form and filing fee to:

Motor Club of America Enterprises, Inc.
3200 W Wilshire Blvd
Oklahoma City OK 73116

**NOTICE TO ALL APPLICANTS REGARDING
BACKGROUND CHECKS
Effective January 1, 2014**

Pursuant to Article 59A-11-2(E), the Superintendent of Insurance may require a criminal history background investigation of the applicant for a license by means of fingerprint checks by the department of public safety and the federal bureau of investigation. Pursuant to Article 59A-11-2(F), the Superintendent of Insurance may obtain from the department of public safety and the federal bureau of investigation, at the expense of the applicant for a license, criminal history information concerning each applicant, using the applicant's fingerprints or other identifying information. The information shall be used by the Superintendent solely in determining whether to grant the application. Based on this statutory authority, all resident applicants for a license MUST be fingerprinted as part of the application process.

New Mexico Department of Public Safety (DPS) has partnered with 3M Cogent to provide fingerprint services. All applicants must register prior to being fingerprinted. **Applicant must attach a copy of the 3M Cogent Proof of Fingerprint Submission Receipt to their license application.**

Your license application will be considered incomplete and will not be processed if the 3M Cogent Proof of Fingerprint Submission Receipt is not submitted.

PLEASE NOTE THAT THE PRODUCER LICENSING BUREAU DOES NOT CONSIDER THE APPLICATION COMPLETE UNTIL THE BACKGROUND CHECK PROCESS IS COMPLETED.

The ORI Number for Office of Superintendent of Insurance (OSI) is NM920210Z. All applicant fingerprint background checks will be processed electronically. The fee is \$44.00. Please register at www.cogentid.com.

Fingerprinting must be done at one of the authorized fingerprint locations. Fingerprint site location information is available at <https://www.cogentid.com/index.htm>

**New Mexico Applicant Processing Service
Process Overview**

Registration All applicants must register prior to being fingerprinted. You must be fingerprinted within 90 days of registration..
All Other Applicants (Not Department of Health)

- The facility/agency or applicant must register with 3M Cogent at www.cogentid.com. Choose New Mexico and then click *Register Online for a Background Check*.
- After registration is complete, the applicant will receive a **Registration ID Number**.
- While online registration (www.cogentid.com) is the preferred registration method, telephone registration is also available: 1-877-99NMAPS (1-877-996-6277).

Fingerprinting

- Fingerprint sites are listed at www.cogentid.com > New Mexico > Fingerprint Location Map.
- **Appointments are not required.**
- If you are paying by money order, bring a money order made out to 3M Cogent.

**New Mexico Application for
Individual Motor Club Representative Registration/License**
(Please Print or Type)

Registration fee is \$20, payable to OSI

Check appropriate box for license requested.

- Resident License
 Non-Resident License

• Identify Home State: _____

Demographic Information

1 Soc. Security Number		2 If assigned, National Producer Number (NPN)				
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 Female	15 Are you a Citizen of the United States? (Check One) Yes ____ No ____ (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.)			
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

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

(State Use)

Motor Club Representative

Background Information

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 ___

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"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 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, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved as a party in an administrative 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 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. "Involved" also means having a license 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, 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

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

Yes ___ No ___

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?

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, 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 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 document, which demonstrates the resolution of the charges or any final judgment.

Yes ___ No ___

5. 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?

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

- 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
- copies of all relevant documents.

Yes ___ No ___

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 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.)

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 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 Producer 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).