



# Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0797 Web: doi.nv.gov

**Fees: Adding lines of authority \$50. Adding Agency Affiliation \$50 per affiliation.**

**Fees are payable to the Nevada Division of Insurance**

**Please check the box(s) that apply:  Adding Lines of Authority  Adding an Agency Affiliation**

Division Use Only: Fees: _____ Check #: _____ Application ID#: _____ IND ID#: _____
Approved by: _____ Date: _____ License No: _____ NV Resident Criminal History Report: _____

<b>1</b> Soc. Security Number	<b>2</b> If applicable, NASD Individual Central Registration Depository (CRD) Number
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**3** Are you affiliated with a financial institution/bank?  
 Yes  No

<b>4</b> Last Name JR./SR. etc	<b>5</b> First Name	<b>6</b> Middle Name	<b>7</b> Date of Birth (month) ____ (day) ____ (year) ____
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<b>8</b> Residence/Home Address (Physical Street)	<b>9</b> P.O. Box	<b>10</b> City	<b>11</b> State	<b>12</b> Zip or Foreign Country
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<b>13</b> Home Phone Number ( ) -	<b>14</b> Gender (Circle One) Male Female	<b>15</b> 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 work authorization)
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**16** List your Nevada License Number (s):

<b>17</b> Business Address (Physical Street)	<b>18</b> P.O. Box	<b>19</b> City	<b>20</b> State	<b>21</b> Zip or Foreign Country
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<b>22</b> Business Phone Number ( ) -	<b>23</b> Business Fax Number ( ) -	<b>24</b> Business E-Mail Address	<b>25</b> Business Web Site Address
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<b>26</b> Applicant's Business Mailing Address	<b>27</b> P.O. Box	<b>28</b> City	<b>29</b> State	<b>30</b> Zip or Foreign Country
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**31** If Applicable, beginning date of residency in the State of Nevada: \_\_\_\_\_  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year **Nonresidents:** "Home State" where you hold a Resident License \_\_\_\_\_

**Please mark the lines of authority you are adding:**  
 Life \_\_\_ Health \_\_\_ Variable Annuity/Life \_\_\_ Property \_\_\_ Casualty \_\_\_ Personal Lines \_\_\_ Limited Credit \_\_\_ Limited Fixed Annuities \_\_\_

**Residents of Nevada:** You must attach the original pre-licensing education certificate and original Pearson VUE test results.  
**Non-residents** must hold the same lines of authority in their home state.

**The Division encourages the use of Sircon's Compliance Express at [www.sircon.com/nevada](http://www.sircon.com/nevada) for submitting and processing individual affiliations or terminations. The process is instantaneous and eliminates the necessity of the paper filing.**

**32** List your Current Insurance Agency Affiliations (if applicable):

Fein # _____	Name of Agency _____	NV License Number(s): _____
Fein # _____	Name of Agency _____	NV License Number(s): _____

**List the Insurance Agency Affiliations you are adding:**

Fein # _____	Name of Agency _____	NV License Number(s): _____
Fein # _____	Name of Agency _____	NV License Number(s): _____

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. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company. I authorize the Commissioner of Insurance 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.

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**Original Applicant Signature (Date)**