



Department of Business and Industry

Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

New Applicant Affiliation/Association Form

FEES DUE: \$50 per association.

Make fees payable to the Nevada Division of Insurance

This form is for new applicants only. Existing licensees will be rejected.

To affiliate/associate a licensed individual go to: <https://www.sircon.com/>

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number			
③ Are you affiliated with a financial institution/bank? Yes ☐ No ☐					
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 P.O. Box		⑩ City	
				⑪ State	
				⑫ Zip or Foreign Country	
⑬ Home Phone Number () -		⑭ Gender (Optional) 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, you must supply work authorization)	
⑯ List your Nevada License Number (s):					
⑰ Business Address (Physical Street)		⑱ P.O. Box		⑲ City	
				⑳ State	
				㉑ Zip or Foreign Country	
㉒ Business Phone Number () -		㉓ Business Fax Number () -		㉔ Business E-Mail Address	
				㉕ Business Web Site Address	
㉖ Applicant's Business Mailing Address		㉗ P.O. Box		㉘ City	
				㉙ State	
				㉚ Zip or Foreign Country	
㉛ If Applicable, beginning date of residency in the State of Nevada: _____ Month _____ Day _____ Year _____ Nonresidents: "Home State" where you hold a Resident License					

The Division requires use of Sircon's Compliance Express at www.sircon.com/nevada for submitting and processing individual associations or terminations. This form is for new applicants only Existing licensee will be rejected.

㉜ List your Current Agency Associations (if applicable):		
FEIN # _____	Name of Agency _____	NV License Number(s): _____
FEIN # _____	Name of Agency _____	NV License Number(s): _____
List the Agency Associations 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.

Original Applicant Signature (Date)