



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

A. Nevada Application for Third-Party Administrators

(Please Print or Type)

Applicant Name			
DBA (Mark N/A if none used)		Trade Name (Mark N/A if none used)	
FEIN		Fiscal Year End (mm/dd)	
Qualification Type(s): <input type="checkbox"/> Life & Health <input type="checkbox"/> Self-Funded Health Benefit Program <input type="checkbox"/> Self-Funded Employer Program for Workers' Compensation <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Pharmacy Benefits Manager			
Are you applying for a Resident or Non-Resident License?		If Non-Resident, indicate Resident State (Indicate Nevada, if resident)	
<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident			
Mailing Address	City	State	Zip or Foreign Country
Physical Business Address	City	State	Zip or Foreign Country

B. TPA Contact Person

List the primary contact person with whom the Division should communicate with after the completion of the certification.

Name	Title
Direct Telephone Number	Email Address

C. Ownership

Identify the owner(s) or parent(s) of the applicant. (Individuals who are owners should be listed on the following page.)

Corporation Limited Liability Company Other

Name(s)	Percentage of Ownership
1.	%
2.	%
3.	%
4.	%

D. Owners, Partners, Officers & Directors

List all officers, directors, sole proprietor, or partners of the applicant. Include owners with 10% or more ownership of the applicant. An NAIC biographical affidavit, executed and dated within the last 6 months, is required for each person listed.

Name	Title	Percentage of Ownership
1.		%
2.		%
3.		%
4.		%
5.		%
6.		%
7.		%
8.		%
9.		%
10.		%
11.		%
12.		%
13.		%
14.		%
15.		%
16.		%

E. Bond Information

Identify the amount of money the applicant expects to collect from or disburse to residents of this state during the next calendar year pursuant to NAC 683A.155.

Identify Year	Money Handled Amount
	\$

F. Signature

Form must be signed by an officer, director, principal, or partner of the applicant.

Signature	Typed or Printed Name
Date Signed	Title
Address	City/State/Zip Code