

For Non-Resident applications

<https://www.sircon.com/index.jsp>

The screenshot shows the Sircon website homepage. At the top, there is a navigation menu with links for Solutions, Services, Resources, and About Us. A blue callout bubble with the word "SELECT" in white capital letters is positioned on the left side, with an arrow pointing to the "Apply for a License" button. The main content area features the headline "Complete. Connected. Compliant." followed by a sub-headline: "Sircon helps you save money, reduce compliance risk, and accelerate time-to-revenue by getting and keeping agents / advisors authorized to sell." Below this, there are six orange buttons arranged in two rows: "Apply for a License", "Renew or Reinstatement a License", "Check Application / Renewal Status", "Print a License", "Look up Courses or Transcript", and "View a list of all services". At the bottom, there is a text box with the prompt "Tell us about yourself, and we'll help you find the best Sircon solution for you!" and a label "TELL US WHO YOU ARE:".

Select **"Apply for a License"**

License Applications | Sirco... x

File Edit View Favorites Tools Help

McAfee

TDI Reports Application TDnet Home Page National Association of Ins...

## License Applications

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

### NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license

**New Insurance License**

### NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license

**New Adjuster License**

### OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database

**Other Licenses**

*You'll be able to select a license type on following screens*

**SELECT**

Select "New Insurance License"

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https://uat.sircon.com/products/apply.jsp

License Applications

If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

### NEW INSURANCE LICENSES

Start an application for a new license or add new lines of authority to an existing license [New Insurance License](#)

Is this a Resident or Non-Resident license?	<input type="radio"/> Resident	<input checked="" type="radio"/> Non-Resident
Are you an individual or a firm?	<input checked="" type="radio"/> Individual	<input type="radio"/> Firm

[Cancel](#) [Continue](#)

### NEW ADJUSTER LICENSES

Start an application for a new adjuster license or add new lines of authority to an existing license [New Adjuster License](#)

### OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

*You'll be able to select a license type on following screens*

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Select **“Non-Resident”**, select **“Individual”** for Non-Resident state license, and then **“Continue”**.

The screenshot shows a web browser window with the URL <https://uat.sircon.com/products/apply.jsp>. The page title is "License Applications | Sirco...". The browser's address bar shows the URL and search, home, and refresh icons. The page content includes a navigation menu with "File", "Edit", "View", "Favorites", "Tools", and "Help". Below the menu, there are several tabs: "Full Events Calendar", "ERS", "TDInet Home Page (2)", and "Texas Government Power ...". The main heading is "License Applications". Underneath, there is a label "Email Address:" followed by an empty text input field. To the right of the input field is a blue question mark icon and the text "[Why do you need my email?](#)". Below the input field is a "Continue" button. A blue callout box on the right side of the page contains the text: "Enter the **email address** you would like the application status sent to, then select **Continue.**" with arrows pointing to the input field and the "Continue" button.

Enter the "Email Address" that you would like the status of this application sent to.

Browser window showing the URL: <https://uat.sircon.com/products/apply.jsp>

Page Title: License Applications | Sirco...

Navigation: File Edit View Favorites Tools Help

Open Tabs: Full Events Calendar ERS TDI TDI Home Page (2) Texas Government Power ... TDI Reports Application

### Individual Non-Resident License Application

Resident State *\* Required I do not have a resident license*

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

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Select your State of Residency

Select your **State of Residency**.

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Full Events Calendar ERS TDI TDI Home Page (2) Texas Government Power ... TDI Reports Application

### Individual Non-Resident License Application

Resident State  \* Required *I do not have a resident license*

Last Name  \* Required

SSN  \* Required

Resident License Number  \* Required

Preparer  Applicant  Authorized Submitter \* Required

#### States

Some states will accept license applications submitted electronically, while other states will accept only paper applications. If you are applying to a state or states accepting electronic applications, Sircon will collect your information and submit your application electronically. For paper only states, you must print paper copies of the forms and mail them to the appropriate state offices.

Show states accepting electronic applications  Show all states

Not all license types are available in all states. Click on a state name below to view the license types available in that state. If the type you seek is not available, do not continue for that state. Instead you will need to contact the state to find out their requirements for application.

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <https://oci.georgia.gov/citizenship-affidavit>.

AL applicants: All individual license applicants must submit proof of US citizenship by going to <https://aldoi.gov/LicenseeCZ/Initial.aspx> before your license is issued.

<input type="checkbox"/> <a href="#">Alabama</a>	<input type="checkbox"/> <a href="#">Illinois</a>	<input type="checkbox"/> <a href="#">Nebraska</a>	<input type="checkbox"/> <a href="#">Rhode Island</a>
<input type="checkbox"/> <a href="#">Alaska</a>	<input type="checkbox"/> <a href="#">Indiana</a>	<input type="checkbox"/> <a href="#">Nevada</a>	<input type="checkbox"/> <a href="#">South Carolina</a>
<input type="checkbox"/> <a href="#">Arizona</a>	<input type="checkbox"/> <a href="#">Iowa</a>	<input type="checkbox"/> <a href="#">New Hampshire</a>	<input type="checkbox"/> <a href="#">South Dakota</a>
<input type="checkbox"/> <a href="#">Arkansas</a>	<input type="checkbox"/> <a href="#">Kansas</a>	<input type="checkbox"/> <a href="#">New Jersey</a>	<input type="checkbox"/> <a href="#">Tennessee</a>
<input type="checkbox"/> <a href="#">California</a>	<input type="checkbox"/> <a href="#">Kentucky</a>	<input type="checkbox"/> <a href="#">New Mexico</a>	<input type="checkbox"/> <a href="#">Texas</a>
<input type="checkbox"/> <a href="#">Colorado</a>	<input type="checkbox"/> <a href="#">Louisiana</a>	<input type="checkbox"/> <a href="#">New York</a>	<input type="checkbox"/> <a href="#">Utah</a>
<input type="checkbox"/> <a href="#">Connecticut</a>	<input type="checkbox"/> <a href="#">Maine</a>	<input type="checkbox"/> <a href="#">North Carolina</a>	<input type="checkbox"/> <a href="#">Vermont</a>
<input type="checkbox"/> <a href="#">Delaware</a>	<input type="checkbox"/> <a href="#">Maryland</a>	<input type="checkbox"/> <a href="#">North Dakota</a>	<input type="checkbox"/> <a href="#">Virginia</a>
<input type="checkbox"/> <a href="#">District of Columbia</a>	<input type="checkbox"/> <a href="#">Michigan</a>	<input type="checkbox"/> <a href="#">Ohio</a>	<input type="checkbox"/> <a href="#">Washington</a>
<input type="checkbox"/> <a href="#">Florida</a>	<input type="checkbox"/> <a href="#">Minnesota</a>	<input type="checkbox"/> <a href="#">Oklahoma</a>	<input type="checkbox"/> <a href="#">West Virginia</a>
<input type="checkbox"/> <a href="#">Georgia</a>	<input type="checkbox"/> <a href="#">Mississippi</a>	<input type="checkbox"/> <a href="#">Oregon</a>	<input type="checkbox"/> <a href="#">Wisconsin</a>
<input type="checkbox"/> <a href="#">Hawaii</a>	<input type="checkbox"/> <a href="#">Missouri</a>	<input type="checkbox"/> <a href="#">Pennsylvania</a>	<input type="checkbox"/> <a href="#">Wyoming</a>
<input type="checkbox"/> <a href="#">Idaho</a>	<input type="checkbox"/> <a href="#">Montana</a>	<input type="checkbox"/> <a href="#">Puerto Rico</a>	

Complete the information required

Then Select Texas

Complete the information required, select "Texas", then select "Continue".

https://www.sircon.com/products/apply.jsp

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McAfee

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### Payment Method

Credit Card/Electronic Check Submission  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Sircon insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Sircon insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.

Cancel Continue

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Select the **Payment Method**, then click **Continue**.

## Individual Non-Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

### License Information

Select State License Type	Previously licensed?
<p>Texas General Lines includes 2 qualifications, LAH and P&amp;C. If you select General Lines, SELECT THE PROPER QUALIFICATION.</p> <p>To apply for resident Adjuster license, attach Certificate of Completion from Adjuster prelicensing course OR Passed Score report from State Exam vendor OR CPCU designation or Associate in Claims (AIC) certification.</p> <p>To apply for an emergency adjuster general lines license, click <a href="#">Temporary General Lines ER Adj.</a></p> <p><input type="checkbox"/> Adjuster</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> Adjuster - DHS Texas	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> County Mutual Agent	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> Escrow Officer	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> FM-Alarm Monitoring Technician	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> FM-Alarm Planning Supt.	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> FM-Ext Apprentice Permit	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> FM-Ext Planner's Lic	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<input type="checkbox"/> FM-Fire Alarm Technician	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

Select **License type**, Answer **Previously Licensed** Question. Then Select **Continue**





Browser address bar: <https://uat.sircon.com/ComplianceExpress/License/>

Compliance Express™

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Convert Select

TDI TDI Home Page (3) Full Events Calendar ERS TDI TDI Home Page (2) Texas Government Power ...

<input type="checkbox"/> Life Agt Not Exceed \$25,000	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Limited Lines Agent	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Managing General Agent	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Pre-Need Agent	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Public Insurance Adjuster	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Risk Manager	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Specialty Insurance Agent	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Surplus Lines Agent	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Temporary General Lines ER Adj	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Trainee License	<input type="radio"/> Yes <input checked="" type="radio"/> No

[Click here to view state requirements](#)

Cancel Back Continue

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Select **License type**,

Answer  
Previously  
Licensed  
Question.

Then Select **Continue**

Select the **license type**, answer the **Previously Licensed question**, then select "**Continue**".

The screenshot shows a web browser window with the URL <https://uat.sircon.com/ComplianceExpress/LicenseA>. The page title is "Compliance Express™". The main heading is "Individual Non-Resident License Application". Below this, there is a note: "Lines of authority that are currently held by the producer in the non-resident state will appear below, but they will not be selectable." The section is titled "Qualification Information for State of Texas: Specialty Insurance Agent". Underneath, the heading is "Qualification Code" with a note: "\* At least one qualification must be selected." There are six checkboxes: "Credit", "Portable Electronic Devices", "Rental Car Company", "Self-Service Storage Facility", "Travel", and "Travel". At the bottom of the form are three buttons: "Cancel", "Back", and "Continue". A blue callout box on the right side of the screen contains the text: "Select the **Qualification Code**, Then Select **Continue**". A blue arrow points from the callout box to the "Continue" button.

Select the **Qualification Code**, then select "**Continue**".

License Applications | Sircon pow. x

https://uat.sircon.com/products/apply.jsp

### Individual Non-Resident License Application

#### Individual Information

*If applying for variable line of authority, the FINRA CRD number is required. Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as.*

**Social Security Number**

**National Producer Number**

**First Name**  \* Required

**Middle Name**

**Last Name**  \* Required

**Suffix (Jr, Sr, etc.)**

**Birth Date**  \* Required (mm-dd-yyyy)

**Gender**  \* Required

**Citizen Country Code**  \* Required

**Business Email Address**  \* Required

**Applicant Email Address**  \* Required

**Business Website**

**FINRA CRD Identifier**  [What's this?](#)

**Resident/DHS License Number**

Verify the information provided, complete any additional required information

### Individual Alias Information

The information in this section is optional.

If you elect to provide this information, please enter all required fields.

List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)

Type  \* Required  
First Name  \* Required  
Middle Name   
Last Name  \* Required  
Suffix Name

Type  \* Required  
First Name  \* Required  
Middle Name   
Last Name  \* Required  
Suffix Name

Type  \* Required  
First Name  \* Required  
Middle Name   
Last Name  \* Required  
Suffix Name

Type  \* Required  
First Name  \* Required  
Middle Name   
Last Name  \* Required  
Suffix Name

[Add More Individual Alias Information](#)

This section is Optional and should not be completed.



### Individual Residence Address

The Residential address must be the physical home address where the applicant resides. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.

Line One  \* Required  
Line Two   
Line Three   
City  \* Required  
State  \* Required  
Postal Code  \* Required  
Country  \* Required

### Individual Business Address

The Business address must be the physical business address at which business records of insurance transactions are maintained. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.

Line One  \* Required  
Line Two   
Line Three   
City  \* Required  
State   
Postal Code  \* Required  
Country  \* Required

### Individual Mailing Address

This must be your official permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Do not enter punctuation in any address field.

Line One  \* Required  
Line Two   
Line Three   
City  \* Required  
State   
Postal Code  \* Required  
Country  \* Required

### Residence Phone Information

Phone Number  \* Required

### Business Phone Information

Daytime Phone Number

Phone Number  \* Required  
Extension

### Business Fax Information

The information in this section is optional. If you elect to provide this information, please enter all required fields.

Fax Number

Verify the information provided, complete any additional required information. Then select **Continue**.

### Individual Non-Resident License Application

#### Employment History Information

Please enter information into the sections below (at least one is required).

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. If providing current employment, please enter current month and year as the end date.

Current Employment

Beginning Date  \* Required (mm-YYYY)

Ending Date  \* Required (mm-YYYY)

Employer Name  \* Required

City  \* Required

State  \*

Province  \*

Country  \* Required

Position Description  \* Required

Current Employment

Beginning Date  \* Required (mm-YYYY)

Ending Date  \* Required (mm-YYYY)

Employer Name  \* Required

City  \* Required

State  \*

Province  \*

Country  \* Required

Position Description  \* Required

Current Employment

Beginning Date  \* Required (mm-YYYY)

Ending Date  \* Required (mm-YYYY)

Employer Name  \* Required

City  \* Required

State  \*

Province  \*

Country  \* Required

Position Description  \* Required

Current Employment

Beginning Date  \* Required (mm-YYYY)

Ending Date  \* Required (mm-YYYY)

Employer Name  \* Required

City  \* Required

State  \*

Province  \*

Country  \* Required

Position Description  \* Required

Add More Employment History Information

Enter at least 5 years worth of Employment History.



Browser address bar: <https://uat.sircon.com/products/apply.jsp>

License Applications | Sirco... x

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Full Events Calendar ERS TDI TDI Home Page (2) Texas Government Power ... TDI Reports Application

### Affiliation Information

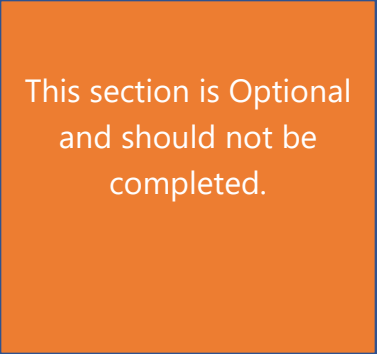
*The information in this section is optional.  
If you elect to provide this information, please enter all required fields.*

**Agency Name**  \* Required  
**Agency EIN**  \* Required  
**National Producer Number**

**Agency Name**  \* Required  
**Agency EIN**  \* Required  
**National Producer Number**

**Agency Name**  \* Required  
**Agency EIN**  \* Required  
**National Producer Number**

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Do not Complete this Section, it is optional anyway. Then select "Continue".



## Individual Non-Resident License Application

### TX Individual Resident/Non-Resident State Specific Questions - Specialty

All questions are required unless otherwise specified

Please answer the following TX Individual Resident/Non-Resident State Specific Questions - Specialty

#### Question 1

Are you fully aware that no individual may act under the license applied for herewith until that individual has successfully completed a **training program** approved by the Texas Department of Insurance as required by the [Texas Insurance Code, Chapter 4055.012](#)?

If this question is answered "No", the license will not be issued.

- No
- Yes

#### Question 2

Do you qualify for Military processing?

If yes, attach DD214 supporting documentation.

- No
- Yes

#### Question 2A

Select how you qualify?

- A. Military service member: A person who is currently serving in (1) the armed forces of the United States, (2) a reserve component of the armed forces, including the National Guard, or (3) a state military service of any state.
- B. Military spouse: A person who is married to a military service member who is currently on active duty.
- C. Military veteran: A person who has served in: (1) the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or (2) in an auxiliary service of one of those branches of the armed services.

#### Question 3

Please attach the required document once you submit the application.

A signed Appointment Certification ([FIN700](#)) form will be attached to this application.

- No
- Yes

Answer all questions carefully.  
Attach any required documentation to this application after you submit the application.



Answer all the **Universal Background** questions.

The screenshot shows a web browser window with the URL <https://uat.sircon.com/products/apply.jsp>. The page title is "License Applications | Sirco...". The browser's address bar and menu bar are visible. The main content area has a dark header "Individual Non-Resident License Application" and a sub-header "Uniform Background Questions - Individual". Below the sub-header is the instruction "All questions are required unless otherwise specified". The main text reads: "Please answer the following Uniform Background Questions - Individual" and "The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature." The first question is titled "Question 1" and includes a "NOTE" defining "Convicted". It asks if the applicant has been convicted of a misdemeanor and lists required attachments. "Question 1A" asks if the applicant has ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are currently charged with committing a misdemeanor. It lists exclusions for traffic citations, DUI, DWI, and reckless driving. The question ends with two radio button options: "No" and "Yes".

**Individual Non-Resident License Application**

**Uniform Background Questions - Individual**

*All questions are required unless otherwise specified*

**Please answer the following Uniform Background Questions - Individual**

*The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.*

**Question 1**

**NOTE:** For Questions 1a, 1b and 1c, "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 no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

**Question 1A**

Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

Yes

Answer all questions carefully.

Attach any required documentation to this application after you submit the application.

← → https://uat.sircon.com/products/apply.jsp Search... Home Star Settings Smile

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### Question 1B

Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No  
 Yes

---

### Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

No  
 Yes  
 Not Applicable

---

### Question 1B2

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

No  
 Yes  
 Not Applicable

---

### Question 1C

Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?

No  
 Yes

---

Answer all questions **carefully.**

Attach any required documentation to this application after you submit the application.

Browser window showing a license application page. The address bar displays <https://uat.sircon.com/products/apply.jsp>. The page title is "License Applications | Sirco...". The browser menu includes File, Edit, View, Favorites, Tools, and Help. The page content includes:

### Question 2

Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?

"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, sanctioned 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, or registration. "Involved" also means having a license, or registration 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 or 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.

No  
 Yes

### Question 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.

No  
 Yes

On the right side of the page, there is a blue box with the following text:

Answer all questions **carefully**.  
Attach any required documentation to this application after you submit the application.

#### Question 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):

No

Yes

Comment

#### Question 5

Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

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

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

No

Yes

#### Question 6

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) 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.

No

Yes

Answer all questions carefully.

Attach any required documentation to this application after you submit the application.

Browser window showing a license application form on <https://uat.sircon.com/products/apply.jsp>. The page contains several questions and a navigation bar at the bottom.

**Question 7**

Do you have a child support obligation in arrearage?

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

No  
 Yes

**Question 7A**

By how many months are you in arrearage?

**Question 7B**

Are you currently subject to and in compliance with any repayment agreement?

No  
 Yes

**Question 7C**

Are you the subject of a child support related subpoena/warrant?

No  
 Yes

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**Callouts:**

- Answer all questions carefully. Attach any required documentation to this application after you submit the application.
- Select Continue

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## Individual Non-Resident License Application

### Attestation Information for State of Texas

Verify the background questions were answered correctly before you submit the application.

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.

Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director, 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.

I further certify that I grant permission to the Commissioner, Director, 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.

I authorize the jurisdictions to which this application is made 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.

I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

I hereby certify that upon request I will furnish the jurisdictions to which I am applying certified copies of any documents that will be attached, as a part of this application process or any items requested by the jurisdiction.

I acknowledge that I am fully aware that no individual may act under the license applied for herewith until that individual has successfully completed a **training program approved** by the Texas Department of Insurance as required by the [Texas Insurance Code, Chapter 4055.012](#)

I will attach the Appointment Certification form (**FIN700**) to this application signed by the appointing insurer authorized to transact insurance business in the state of Texas.

I Agree\* *Required*

Cancel Back Continue

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Read **Attestation** carefully,  
Select Agree

Read the Attestation carefully, then select "I Agree", then select "Continue".



Compliance Express™

https://www.sircon.com/ComplianceExpress/LicenseApplicatio...

### Individual Non-Resident License Application

#### License Application Summary

Resident State **Massachusetts**  
 Last Name [REDACTED]  
[Review License Application](#)

#### Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
<a href="#">Texas</a>	Specialty Insurance Agent	Credit	\$50.00
<b>State Fee Total</b>			\$50.00
<b>Sircon Service Fee</b>			\$12.50

#### Fee Summary

<b>Electronic Applications State Fee Total</b>	\$50.00
<b>Sircon Service Fee Total</b>	\$12.50
<b>Processing Fee Total</b>	\$2.79
<b>Total</b>	\$65.29

*Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.*

**I understand that all license application fees are non-refundable.**  
[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

Use my information to create a Sircon account so I can track and manage my license credentials and continuing education (CE) requirements for free. [What's this?](#)

Sircon account email   
 Confirm your email to sign up

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Review complete application.  
 Also,  
 Review **ASR** document carefully **before** submitting the application.

Must be checked

Supply / Verify email address

Supply / Verify Sircon account

Select Submit

The applicant must check the box next to "I understand that all license renewal fees are non-refundable."

## Individual Non-Resident License Application

### License Application Additional State Requirements

#### Texas - Specialty Insurance Agent

- Before Submitting Your Application Verify the License Type/Qualification is the correct License Type/Qualification.
- To ensure proper processing of application, please note the following:
  - Enter all data for the application in CAPS only.
  - Do not enter a P.O. Box address in the Business address field
  - Do not enter punctuation in any address field.
  - Verify the background questions were answered correctly before you submit the application.
- **Method of Submitting:** When your license application has been submitted electronically to the Texas Department of Insurance, print a copy of the license application form to retain for your own records; DO NOT send it to the state.
- All required attachments including documentation required in response to a "Yes" answer on a background check or other requirements should be submitted to the state as follows:
  - (1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant is offered the Attach Supporting Documents button (paperclip icon) in the Action column.
  - (2) Click the button to open the Attach Supporting Documents page.
  - (3) There you can browse for the electronic document on your computer system, provide a description to the reviewer, and
  - (4) upload the document(s) to the license application.If you do not have scan capability, fax all required documents to the number listed below or mail to:  
**Texas Department of Insurance**  
Agents Licensing Division - MC-CO-AAL  
P.O. Box 12030  
Austin, TX 78711-2030  
Phone: (512) 676-6500  
Fax: (512) 490-1052
- Verify you have entered the correct SSN and Date of Birth information on the application.
- If you are not a citizen of the United States, you must provide proof of eligibility to work in the U.S. by submitting a copy of your Employment Authorization Card.
- Verify the background questions were answered correctly before you submit the application.
- Verify the signed Appointment Certification form (FIN700) to this application signed by the appointing insurer authorized to transact business in the state of Texas.
- Verify that a training program approved by the Texas Department of Insurance has been completed for the kind of insurance authorized under this Specialty license.
- Every office location where insurance sales will be conducted under the specialty insurance license must prominently display and make readily available brochures or other written material that:
  - summarize, clearly and correctly, the material terms of insurance coverage offered to consumers and identify the insurer
  - disclose that the policies offered may duplicate coverage already provided by a consumer's personal auto policy, homeowner's policy, personal liability policy or other coverage;
  - state that, except as specifically provided by another law of this state or the United States, the purchase by the consumer of the kinds of insurance specified in [Texas Insurance Code, Chapter 4055](#) is not required to complete the associated consumer transaction; and
  - describe the process for filing a claim should the coverage be purchased, and a claim arise?
- To check on the status of your application, please use the following steps:
  - In your web browser, go to [www.sircon.com/Texas](http://www.sircon.com/Texas).
  - Click on the "Check License Application Status" link in the left hand column
  - Enter your confirmation ID number, SSN and Producer Type
  - Click the Submit button
- Once your license application is approved, it may be printed at [www.sircon.com/Texas](http://www.sircon.com/Texas). There will be no fee for printing your license for 30 days from the date the license application was approved.
- Once 30 days have passed since your license was approved, a processing fee will be charged to print your license.
- If you obtain a Sircon for Individuals account (available at no cost), there is no fee for printing your license from your Sircon for Individuals account at any time. Refer to [www.sircon.com/Texas](http://www.sircon.com/Texas) for information on Sircon for Individuals accounts.

Review ASR  
document  
carefully.

Select close once  
read.

Close This Window

This is a **sample** of what you will see after you submit your application. This screen will provide you the opportunity to attach required documentation with your application submission. Be sure to provide a **Document Description** to each attached file.

## Attach Supporting Documents

### License Applications

You may attach files to the license applications below.

State	License Number	License Type	Date Submitted	Status
TX			05-11-2020	Submitted

### Attachments

- Use the fields below to locate and describe documents to attach to your license application requests.
- Clearly identify why you are attaching the document in the Document Description field.
- Note that the attachments you provide will only be sent to the specific states listed above.
- Please see the FAQs below for more information.

Select a Document  No file chosen

Document Description

### Frequently Asked Questions

- How do I know what documents to attach for each state?
- What if I don't have the documentation right now, or I don't have an electronic copy?
- Why can't I attach documents to other license applications?
- Are my documents secure when I attach them?
- What if I do not see my license listed above?

Choose a file to **attach** to your submission, attach the file, provide a Document Description, then click submit

Be sure to add a Document Description to each attached file.