

Appointment certification

Complete and attach this form to your online application.

Use this form to:

- Appoint **or** sponsor a person applying for a **temporary license** for:
 - Life
 - Limited lines
 - General lines
 - County Mutual
 - Funeral prearrangement life
 - Personal lines property and casualty
 - Life insurance not exceeding \$25,000
- Make an initial appointment of an individual or entity applying for a **specialty insurance** license. Any additional appointments should be processed via Sircon or NIPR.

Temporary license applicant

Name _____
First Middle Last

Specialty insurance license applicant

Name _____
First Middle Last

Or

Entity name _____ FEIN number _____

Fill out this section to appoint a temporary or specialty insurance license applicant

a. Sponsoring insurance company – used for temporary or specialty license applicant

Name _____

NAIC number _____

b. Sponsoring agency – used for temporary license applicant only

Name _____

Tax ID number _____

c. Sponsoring individual agent – used for temporary license applicant only

Name _____

License number _____

Signature

As the sponsoring company, agency, or agent, I confirm that:

- I am authorized to sign this form and am responsible for ensuring the applicant receives required training.
- The temporary license applicant meets the requirements in Texas Insurance Code, Section 4001, subchapter D and Texas Administrative Code, Chapter 19.807. The applicant will be issued a temporary license to act as a full-time agent following the requirements in Texas Insurance Code Section 4001, subchapter D.
- The applicant meets the requirements in Texas Insurance Code, the rules and regulations expressed by TDI, and the insurer named above is satisfied that the applicant is trustworthy and competent to write coverages authorized under the specialty insurance license.
- I am responsible for the acts and conduct of the applicant.
- TDI may revoke, suspend, or impose other sanctions on any TDI licenses I have if this applicant violates Texas insurance laws.
- The phone number of the office where the applicant will be assigned _____.

Appointing official's signature

Date

Printed name

Email address

Return this form

The applicant must scan and attach this form to their online application.

Questions

Use our [online question form](#) or call 512-676-6500.

Know your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.