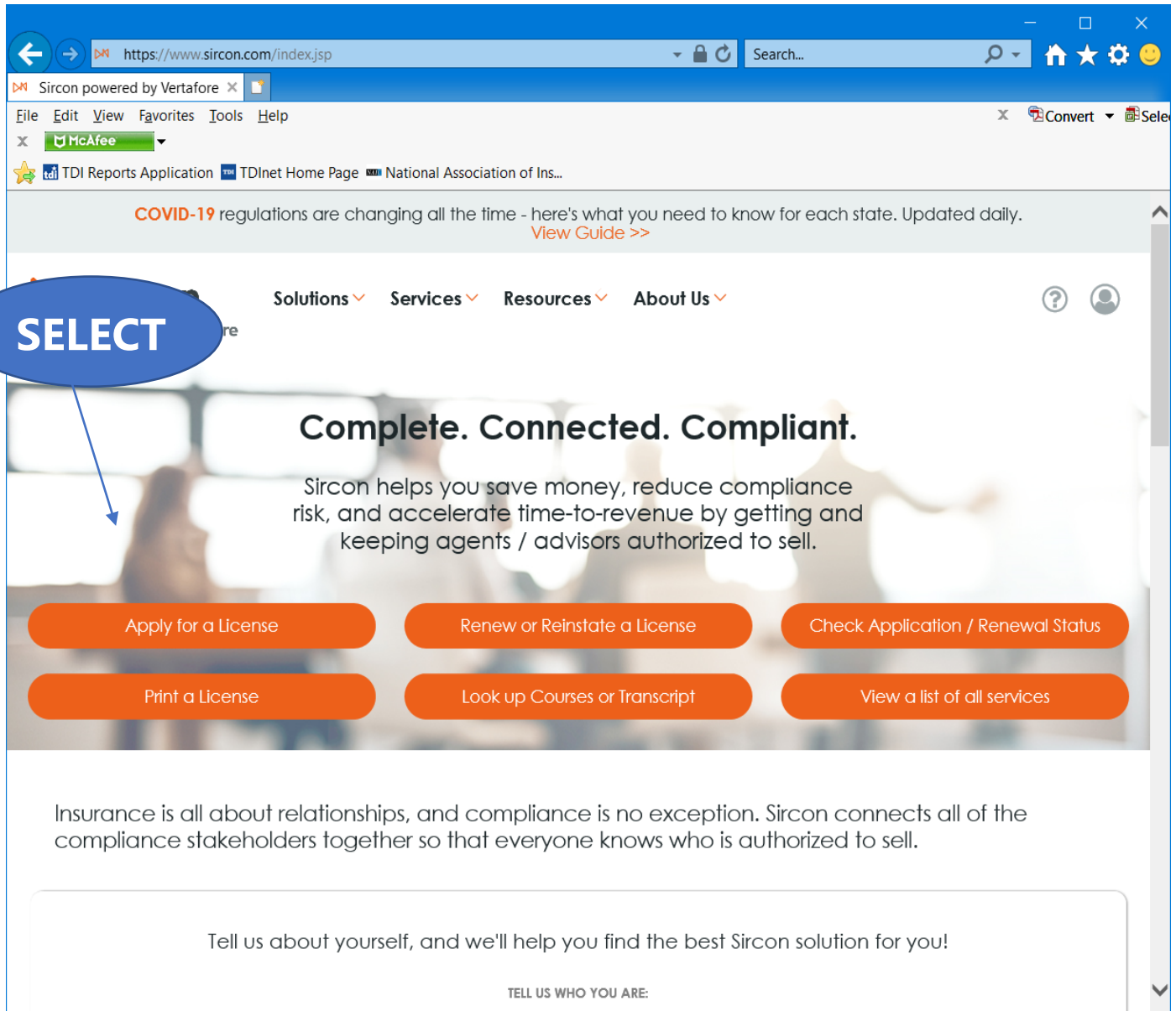


For Resident applications

<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

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## 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 **"New Adjuster License"**

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

Page Title: Compliance Express™

Navigation: File Edit View Favorites Tools Help

Page Content:

### 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](#)

Are you an individual or a firm?	<input type="radio"/> Individual	<input checked="" type="radio"/> Firm
Are you licensed as an adjuster in your resident state?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

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

### 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 **"Firm"**, select **"No"** for resident state license, and then **"Continue"**.

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### Firm Resident License Application

Firm Name  \* Required

EIN  \* Required

Preparer  Applicant  Authorized Submitter \* Required

**A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).**

#### States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

CALIFORNIA - Sole proprietorship may not apply electronically using the business entity uniform application, they must apply as an individual.

CALIFORNIA - Business Entities applying as a Limited Liability Company (LLC's): LLC's are required to provide proof of satisfying the security requirements of Section 1647.5 of the California Insurance Code when applying for an insurance license and once licensed, must also file with the Commissioner an annual confirmation of coverage demonstrating continued compliance with the financial security requirements. Additional LLC application filing information, annual certification of coverage information, and links to forms that can be used as proof of fulfilling the security requirements, please go to the following link for Business Entity Limited Liability Company Requirements (<http://www.insurance.ca.gov/0200-industry/0020-apply-license/0300-business-license/business-entity-limited-liability.cfm>)

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 <http://www.oci.ga.gov/home.aspx>.

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

#### States Accepting Paper License Applications

There are currently no states accepting paper license applications.

#### 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

Complete the required information,  
 Select **Texas**,  
 Then Select **Continue**

https://uat.sircon.com/ComplianceExpress/LicenseApp

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### Firm Resident License Application

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

#### License Information

State Texas

License Type

- Adjuster
- General Lines Agency
- Life Agency
- Limited Lines Agency
- Managing General Agency
- Pers Lines Prop and Cas Agency

Previously licensed ?  Yes  No

Cancel Back Continue

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

Select the “**Adjuster**” license type, answer the **Previously Licensed question**, then select “**Continue**”.

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Convert Select

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## Firm Resident License Application

Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.

### Qualification Information for State of Texas: Adjuster

#### Qualification Code

\* At least one qualification must be selected.

Adjuster - All Lines  Adjuster - P&C  Adjuster - Worker's Comp.

Cancel Back Continue

Select **Qualification Code**,  
Then Select **Continue**

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Select the "**Qualification Code**" line of Authority, then select "**Continue**".

### Firm Resident License Application

#### Agency Information

FEIN# [REDACTED]  
Firm Name [REDACTED] R FIRM  
Alias Name   
Incorporation Date  \* Required (mm-dd-yyyy)  
Agency Type Code  \* Required  
Domicile Country  \* Required  
Affiliated with a Bank?  \* Required  
Email Address  \* Required  
Business Web Address   
FINRA CRD Identifier

Fill out the required information

#### Agency 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.

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

Address and phone number information is required.

#### Agency Mailing Address

Mailing address will be used as the address of record with TDI. Texas requires the Mailing Address to be in the resident state.

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

#### Agency Business Phone

Phone Number  \* Required  
Extension

#### Agency FAX

Fax Number  \* Required

Cancel Back Continue

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### Firm Resident License Application

#### Owners and Officers

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

Identify all executive officers, directors, or partners who administer the applicant entity's operations in Texas and all individuals in control of the applicant entity's insurance operations. The social security number, date of birth, complete mailing address and fingerprint information must be provided for each individual listed. Additional information on those listed here must be forwarded to the state. See 'Additional State Requirements' for details.

**Type**  \* Required

**EIN/SSN**  \* Required

**Agency Name**

**First Name**

**Last Name**

**Title**  \* Required

**Owner**  \* Required

**Percent Ownership**

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

**Type**  \* Required

**EIN/SSN**  \* Required

**Agency Name**

**First Name**

**Last Name**

**Title**  \* Required

**Owner**  \* Required

**Percent Ownership**

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

Add any Officers, Directors, and Owners

Provide the information required for each Officer, Director, and Owner for the applicant entity. **Note:** The Designated Responsible Licensed Person should be included in this list.



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**Type**  \* Required

**EIN/SSN**  \* Required

**Agency Name**

**First Name**

**Last Name**

**Title**  \* Required

**Owner**  \* Required

**Percent Ownership**

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

**Type**  \* Required

**EIN/SSN**  \* Required

**Agency Name**

**First Name**

**Last Name**

**Title**  \* Required

**Owner**  \* Required

**Percent Ownership**

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

Add More Owners and Officers

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Select Continue

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Select "Continue".

https://uat.sircon.com/ComplianceExpress/ApplyForLicense

## Firm Resident License Application

### Designated/Responsible Licensed Producers

Please provide the affiliation information for your Designated/Responsible Licensed Producers (DRLP) as required by the state below.

\* = Required Field

#### Texas

- The list of DRLPs must match the list of owners, partners, officers and directors. The DRLPs' Texas licenses must cumulatively cover the qualifications on the business entity application.
- Adjuster License: At least 1 Designated/Responsible Licensed Producer(s) must be provided.

#### Designated/Responsible Licensed Producers

[Copy From...](#)

SSN	<input type="text" value="null"/>	*
Last Name	<input type="text" value="null"/>	*
First Name	<input type="text" value="null"/>	*
NPN	<input type="text" value="null"/>	

[+ Add another Texas DRLP](#)

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Add the Designated Responsible Adjuster

This person must be licensed **Texas Adjuster** with the same or higher line of Authority.

Select Continue

Enter the information for the **Designated Responsible Licensed Person**, which can be copied from the information provided on the previous screen. Select "**Continue**".

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

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### Firm Resident License Application

#### Texas Agency Adjuster License Questions

*All questions are required unless otherwise specified*

Please answer the following Texas Agency Adjuster License Questions

**Question 1**

Does the applicant understand that each name and assumed name and additional Texas location other than the Business location listed on this application from which the agent will conduct insurance business under the authority of the license issued with this application must be separately registered with the department using form **FIN528** located on the Texas Department of Insurance website?

No  
 Yes

Buttons: Cancel Back Continue

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**Annotation:** Question **MUST** be answered **Yes** to continue.

This State Specific Question must be answered "Yes" to continue. Select "Continue".

Browser window showing the URL: <https://uat.sircon.com/ComplianceExpress/ApplyForLicense>

## Firm Resident License Application

### Uniform Background Questions - Agency

*All questions are required unless otherwise specified*

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

*Please 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 written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

#### Question 1A

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or 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 juvenile court.)

No  
 Yes

Answer all questions carefully.

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

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### Question 1B

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company 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

Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, 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.

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### Question 2

Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a 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 application denied or the act of withdrawing an application to avoid a denial. 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) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) 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 the business entity or any owner, partner, officer or director of the business entity, 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.

No  
 Yes

Answer all questions  
**carefully.**

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

#### Question 4

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever 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

Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration 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 arbitrations, 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

Has the business entity or any owner, partner, officer or director of the business entity, 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.

Select Continue

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### Firm Resident License Application

#### Attestation Information for State of Texas: Adjuster

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer, director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director, Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.

The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

I authorize the jurisdictions to which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I understand if the applicant will be conducting an insurance agency business in Texas in a name other than its full legal name, or at an address other than those indicated on this application, a [Registration of Assumed Name / Branch Locations / Entity Name Change form](#) (TDI Form FIN528), aka LDTL form, must be submitted with additional fees to the department for each name and additional Texas branch office location. The LDTL form can be accessed from our [Information Update Forms](#) page at <http://www.tdi.texas.gov/forms/form11update.html>. If more than one additional location, provide ONLY one LDTL form, along with a list containing the physical business addresses for each additional location where insurance sales will be conducted, prior to conducting business in the additional locations.

I certify that the Designated Responsible Licensed Producer(s)/Adjuster(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

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".



https://uat.sircon.com/ComplianceExpress/License

## Firm Resident License Application

### License Application Summary

State to Apply Texas  
 Firm Name MIKE ADJUSTER FIRM  
[Review License Application](#)

### Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
Texas	Adjuster	Adjuster - P&C	\$50.00
<b>State Fee Total</b>			\$50.00
<b>Sircon Service Fee</b>			\$8.55

### Fee Summary

<b>Electronic Applications State Fee Total</b>	\$50.00
<b>Sircon Service Fee Total</b>	\$8.55
<b>Processing Fee Total</b>	\$2.63
<b>Total</b>	\$61.18

*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:

Cancel Back Submit

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

Must be checked

Supply / Verify email address

Select Submit

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

## Firm Resident License Application

### License Application Additional State Requirements

#### Texas - Adjuster

- **Before Submitting Your Application Verify the License Type/Qualification selected is the correct License Type/Qualification.**
- **To ensure proper processing of application, please note the following:**
  - Enter all data for the application in Capital Letters 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 the application is submitted.
- **Method of Submitting:** After submitting your license application electronically to the Texas Department of Insurance, print a copy of the license application to retain for your own records; DO NOT mail it to the state.
- All required attachments including documentation required in response to a "Yes" answer on a background question 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 will be 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 give context for the reviewer, and
  - (4) upload the document(s) to the license application.
- If you do not have scan capability, fax all the required documents along with a cover letter to the number listed below or mail to:

**Texas Department of Insurance**  
Agents Licensing Division  
PO Box 12030,  
Austin, TX 78711-2030  
Phone: (512) 676-6500  
Fax: (512) 490-1052
- **Additional Information:**
- **Authorized submitters** may enter license applications on behalf of the producer.
- **Applicant may reapply** on the 96th day after expiration date.
- If the Applicant Entity is a Texas Resident:
  - Each **Designated Responsible Adjuster (DRA)** must:
    - Hold the same or more comprehensive **Texas Adjuster license** as the entity is applying for with this application; or
    - Hold the same or more comprehensive **Texas DHS Adjuster license** as the entity is applying for with this application.
    - Also be specified as an active Partner(s) or Officer(s) on the application.
- If the Non-Resident Applicant Entity is **qualifying via reciprocity** using a resident state entity license:
  - Each **Designated Responsible Adjuster (DRA)** must:
    - Hold the same or more comprehensive **Texas Adjuster license** as the entity is applying for with this application; or
    - Hold the same or more comprehensive **Texas DHS Adjuster license** as the entity is applying for with this application; or
    - Also be specified as an active Partner(s) or Officer(s) on the application.
- If the Non-Resident Applicant Entity is **NOT qualifying via reciprocity** using a resident state entity license:
  - Each **Designated Responsible Adjuster (DRA)** must:
    - Hold the same or more comprehensive **Texas Resident Adjuster license** as the entity is applying for with this application; or
    - Hold the same or more comprehensive **Texas DHS Adjuster license** as the entity is applying for with this application.
    - Also be specified as an active Partner(s) or Officer(s) on the application.

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- For each Entity listed as an Owner:
  - Please clarify the ownership of the applicant entity. Texas defines control as 10% or greater. For individuals meeting this standard provide name, address, DOB and SSN, and for entities meeting the standard provide name, address, FEIN and a list of officers, to include name and address only for each officer listed. If an entity is a trust, also give the name and address of the trustee. This attachment may be in the form of an organization chart.
  - Submit the name, address, DOB, and SSN of each DRLP, Owner, Officer, Director, Partner, and Member to the Texas Department of Insurance prior to license approval.
- **Business Authority in Texas:** Most entities are required to register to do business in this state prior to obtaining an insurance license. Verify you have attached the documents required.
  - All resident and nonresident corporations, limited liability companies, limited partnerships, limited liability partnerships, and agricultural cooperatives must provide a copy of their Charter, Certificate of Formation, or registration that was obtained from the Texas Secretary of State's office or other state's authorizing department (if nonresident entity). If the applicant entity was organized in a state other than Texas, then provide a copy of documentation that demonstrates the entity was organized under the laws of another state. Resident and nonresident entities may be required to register with the Texas Secretary of State. You may contact the [Texas Secretary of State's office](#) or call 512-463-5701.
  - All banks and farm credit administration entities must provide a copy of the document issued by a federal or Texas state agency authorizing the entity to do business in Texas.
- **Franchise Tax Requirements:**
  - Entities are not required to provide the Department of Insurance a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller to obtain an agency license. However, your entity may still be a taxable entity subject to applicable Texas franchise tax. To determine if your entity is subject to Texas franchise tax, contact the Texas Comptroller of Public Accounts at [www.cpa.state.tx.us](http://www.cpa.state.tx.us) or call 512-463-4865 or 1-800-252-1386.
- **Executive Officers, Directors, Partners and Individuals in Control Requirements**

All executive officers, directors or partners who administer the applicant entity's insurance operations in Texas and all individuals in control of 10 percent or more of the entity's voting stock must be identified. The social security number, date of birth, complete mailing address and **fingerprint information** must be provided for each individual listed.
- **Fingerprint Receipts** must be attached to this application submission unless waived:
- The **Fingerprint Requirement** may be waived if one of the following applies:
  - The **Fingerprint Requirement** is waived if the applicant entity holds an active resident entity license that is similar to the license requested on this application.
  - The individual holds an active **TDI license** and has already submitted fingerprints to TDI with another license application, or
  - The non-resident individual holds a current similar license in good standing in the individual's home state as reflected on the National Association of Insurance Commissioner's Producer Database.
- **Control** means the power to direct or cause the direction of the management and policies of a license holder, whether directly or indirectly. A person is considered to control:
  - a corporate license holder if the person, individually or acting with others, directly or indirectly, holds with the power to vote, owns, or controls, or holds proxies representing, at least 10 percent of the voting stock or voting rights of the corporate license-holder; or
  - a partnership if the person through a right to vote or through any other right or power exercises rights in the management, direction, or conduct of the business of the partnership. At least one officer or one active partner of the applicant entity must be individually licensed by the Texas Department of Insurance.
- For each **responsible entity**, provide the entity's full legal name, complete mailing address, federal employee identification number (FEIN) and an attachment detailing the name and address of all individuals and entities that have controlling relationships affecting the applicant entity up to the ultimate controlling individual or entity. If an entity is a trust, also give the name and address of the trustee. The attachment may be in the form of an organization chart.
- **Fingerprinting**

The fingerprint requirement is authorized in Texas Insurance Code 801.056 and amended 28 TAC 1.501 and 1.503-1.509. The complete text of the rule may be accessed at [www.tdi.texas.gov/rules/2006/1003e-059.html](http://www.tdi.texas.gov/rules/2006/1003e-059.html). The Texas Department of Insurance strongly encourages all applicants to utilize electronic fingerprinting through approved vendors as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.
- **Electronic Fingerprinting**

View the Electronic Fingerprinting instructions at the following location:  
<https://www.tdi.texas.gov/agent/fingerprint-instructions.html>.  
(Fingerprints provided for an application will be used to check criminal history records of the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI), in accordance with applicable statutes).  
**NOTE:** TDI cannot complete processing of an entity application until it receives a criminal history report (if required) from DPS and FBI for each individual that is required to furnish a fingerprint receipt.
- 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, EIN and Producer Type
  - Click the Submit button
- Once your license application or renewal 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 \$5.00 processing fee will be charged to print your license.
- If you obtain a Sircon account (available at no cost), there is no fee for printing your license from your Sircon account at any time. Refer to [www.sircon.com/Texas](http://www.sircon.com/Texas) for information on Sircon accounts.

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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	[REDACTED]	[REDACTED]	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  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.