



Appointment certification for a temporary license

Complete and attach this form to your online application.

Use this form to appoint / 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

► Temporary license applicant:

Name _____
 First Middle Last Suffix

► Sponsor that is appointing the temporary license applicant:

Tell us about the company sponsoring the applicant:

Sponsoring insurance company name _____
 NAIC number _____

Tell us about the sponsoring agency or agent if you are applying for one of these license types:

- General lines
- Life
- Personal lines property and casualty

Sponsoring agency name _____

Tax ID number _____

or

Sponsoring agent name _____

License number _____

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

- The applicant will be issued a temporary license to act as a full-time agent following requirements in the Texas Insurance Code Section 4001, subchapter D.
- I am authorized to sign this form and I am responsible for ensuring the applicant receives required training.
- The applicant meets the requirements in the Texas Insurance Code, Section 4001, subchapter D, and the Texas Administrative Code, Chapter 19.807.
- 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 is: _____.

► **Sign here:**

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 at www.tdi.texas.gov/agent/question.html or call 512-676-6500.

Know your rights:

You have the right to see and get facts we have about you: If you want to get information we have about you, you must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:

Email: OpenRecords@tdi.texas.gov

Fax: 512-490-1021

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Public Information Coordinator

PO Box 149104 (Mail code 112-1C)

Austin, Texas 78714-9104

You have the right to ask that we fix information we have about you that is wrong: If you want to ask that we fix information we have about you that is wrong, you must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:

Email: RecordCorrections@tdi.texas.gov

Fax: 512-490-1025

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Record Correction Request

PO Box 149104 (Mail code 113-1C)

Austin, Texas 78714-9104