



APPLICATION FOR RESIDENCY CHANGE TO TEXAS

THIS FORM IS TO BE USED TO CHANGE AN INDIVIDUAL LICENSEE'S RESIDENCY TO TEXAS
THIS FORM MUST BE MAILED IN USING THE POSTAL SERVICE; FAXES OR E-MAILS WILL NOT BE PROCESSED
Licensees are required to notify TDI within 30 days of an address change (TIC § 4001.252)

INSTRUCTIONS: THIS FORM WILL NOT BE PROCESSED IF NOT FILLED OUT COMPLETELY
An individual agent completing this form must attach a Letter of Clearance from their previous resident state to this form for consideration. If your previous resident state license has been inactive for more than 90 days, you MUST submit the Application for Individual Agent License (TDI form FIN506) and adhere to all of the resident license requirements. Adjusters are not required to provide a Letter of Clearance.
Each individual agent and adjuster completing this form must attach a fingerprint receipt. Fingerprinting: The fingerprint requirement is authorized in TIC §§801.056, §4001.103, and by 28 TAC §1.501 and §1.503 - 1.509. Applicants claiming exemption from the fingerprint requirement based on 28 TAC §1.504(b) must provide the type of license application or TDI filing with which the fingerprints were submitted and the date the fingerprints were submitted to TDI.
Please print out and review the following instructions, if you are required to submit fingerprints:
http://www.tdi.texas.gov/agent/documents/fpinstructions.pdf
TDI cannot complete processing an application until it receives a criminal history report from DPS and FBI for applicants required to provide a fingerprint receipt.
All applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in further disciplinary action.
Applications will not be processed until proper documentation or details are received and a review is completed.
References: You may view the Texas Insurance Code at http://www.statutes.legis.state.tx.us/ and the Texas Administrative Code at http://texreg.sos.state.tx.us/public/readtac\$ext.viewtac.

I understand that by changing my resident state to Texas, I am subject to compliance with Texas' continuing education requirements (TIC §4004 and 28 TAC §19.1001-19.1020) [ ] NO [ ] YES

PRINT NAME: \_\_\_\_\_ AS IT APPEARS ON THE NON-RESIDENT LICENSE
TDI LICENSE NUMBER: \_\_\_\_\_ AS IT APPEARS ON THE NON-RESIDENT LICENSE

MAILING ADDRESS: This is the official address to be used for all notifications from the department including renewal notice, delivery of original and renewed license, service of process and all correspondence from the department.

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX NUMBER
CITY STATE ZIP CODE

RESIDENT ADDRESS: This is the address where you live and determines residency status.

STREET, PHYSICAL LOCATION (P.O. BOX IS NOT ALLOWED)
CITY STATE ZIP CODE

BUSINESS ADDRESS: This address is the physical location of a licensee's office. It is for reference purposes only and will not be used for official correspondence from this department.

STREET, PHYSICAL LOCATION, OR ROUTE (P.O. BOX NOT ALLOWED)
CITY STATE ZIP CODE

DAYTIME PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**1 Excluding traffic violations and first offense DWI:**

- a. Do you currently have **any pending misdemeanor or felony charges** (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?  
 No       Yes
- b. Have you **ever** been **convicted of any misdemeanor or felony offense** in Texas, in any other state or by the federal government?  
 No       Yes
- c. Have you **ever** had **adjudication deferred on any misdemeanor or felony charge or offense** in Texas, in any other state or by the federal government?  
 No       Yes
- d. Have you **ever served any period of probation** for any misdemeanor or felony offense in Texas, in any other state or by the federal government?  
 No       Yes

If you answer **"Yes"** to any of questions **7a–d**, you must submit original **certified** copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offense(s). You must include your age at the time(s) of the offense(s). You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.

**2 Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?**

No       Yes

If you answer **"Yes"**, a license will not be issued until full details of the administrative or legal action are provided.

**3 Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?**

No       Yes

If you answer **"Yes"**, a license will not be issued until full details of the indebtedness are provided.

**4 Have you ever had an agency contract or company appointment cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?**

No       Yes

If you answer **"Yes"**, a license will not be issued until full details are provided. Cancellation for cause does not include cancellations due to license expiration (nonrenewal).

**5 This application is for a resident license with Texas. I am currently licensed as a non-resident licensee in Texas.**

No       Yes

**6 I understand by becoming a Texas resident licensee, I am required to comply with Texas Continuing Education requirements.**

No       Yes

**7 Do you qualify as any of the following?**

a. "Military service member" – means a person who is currently serving in the armed forces of the United States, or in a reserve component of the armed forces including the National Guard, or in a state military service of any state.

No  Yes

b. "Military spouse" – means a person who is married to a military service member who is currently on active duty.

No  Yes

c. "Military veteran" – means a person who has served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or in an auxiliary service of one of those branches of the armed forces.

No  Yes

NOTE: If you answer "Yes" to a, b, or c in question 7, please mark the top of **Page 1** of this application with a **highlighted "M"**.

**SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_  
**DATE SIGNED**

**PRINT NAME:** \_\_\_\_\_

**Agent applicant must MAIL this completed form, a Letter of Clearance, and a copy of the fingerprint receipt.**

**Adjuster applicant must MAIL this completed form and a copy of the fingerprint receipt.**

**Mail to:**

**Texas Department of Insurance**

P.O. Box 149104, MC 107-1A, Austin, Texas 78714-9104