



## Texas Department of Insurance

Agent and Adjuster Licensing Office, MC 107-1A  
333 Guadalupe • P. O. Box 149104  
Austin, Texas 78714-9104  
www.tdi.texas.gov

### SUBMITTING A TEXAS RESIDENT APPLICATION ELECTRONICALLY

Use the **Individual Resident License Application** service to enter information in an online resident license application form for an individual applicant and submit the application electronically to the Texas department of insurance for processing.

The process involves the following steps:

#### Getting Started

1. On the Texas Department of Insurance landing page ([www.sircon.com/texas](http://www.sircon.com/texas)), click the **Apply for a License** link. The **License Applications Menu** will open.

Vertafore  
FORMERLY Sircon

OWN YOUR FUTURE, TEXAS

Home Get Help About Vertafore

Return to Texas Homepage

Pearson VUE Continuing Education Information

Pearson VUE Exam Information

Apply for a license

Renew your license

Look up education courses/credits

Check license renewal status

Check license application status

Request a letter of certification

Find your license number/NPN

Check Your Status with a State

Update individual's email address

Update Firm Email Address

Request CE Exemption

Texas Producer and Adjuster Portal

Welcome Texas Producers and Adjusters!

Stay focused on your clients while we help with your licensing needs

Whether you have to manage your own compliance or are responsible for your agency's compliance, Vertafore has you covered. ProducerEDGE and AgencyEDGE can meet your specific licensing needs both quickly and easily on the web. No hassle compliance brought to you by the Texas Department of Insurance.

Do you manage your own compliance?

ProducerEDGE™

the easiest way to manage *your* compliance

- ✓ View your licenses and your CE
- ✓ Apply for or renew licenses in all states
- ✓ Convenient license renewal reminders

Create an Account

2. On the **License Applications Menu**, click the **Submit Resident Application Individual** link. The **Individual Resident License Application** page will open.

## License Applications

### Insurance License Applications

To start an application for a new license and for adding new lines of authority to an existing license, click one of the links below.

[Submit Non-Resident Application](#)    [Individual](#)    [Firm](#)  
[Submit Resident Application](#)    [Individual](#)    [Firm](#)

Use the link below to submit a non-resident adjuster application using a designated home state if your resident state does not offer adjuster licenses.

[Adjuster Non-Resident Application with a Designated Home State \(DHS\)](#)    [Individual](#)  
[What's this?](#)

To renew an existing license, [click here](#)

To review, update and process license application submitted by a producer, click one of the links below.

[Review/Update Submitted Application](#)    [Individual](#)    [Firm](#)

**Note:** 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.

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### Entering Basic Information

Enter basic identifying information about you and select the state to which you wish to submit a resident license application.

Use the following steps:

1. *Required.* In the **Last Name** field, enter your last name.
2. *Required.* In the **SSN** field, enter your Social Security Number.
3. *Required.* In the **Confirm SSN** field, re-enter the value you entered in the **SSN** field.
4. *Required.* In the **Preparer** field, click the **Authorized Submitter** radio button if you are applying for this license on behalf of an applicant. Or, click the **Applicant** radio button if you are applying for this license on your own behalf.
5. *Required.* In the **States Accepting Electronic License Applications** section, click to select Texas, the state to which you want to submit an electronic resident license application.
6. If desired, to verify the producer's information on the national Producer Database (PDB), click the **Click here to verify Individual's PDB information** link. The PDB Individual Inquiry page will open.
7. In the **Processing Method** section, click to select the **Credit Card/Electronic Check Submission** payment method. You will have the chance to enter your payment information near the end of the transaction.
8. When you are ready to proceed, click the **Continue** button. The system will check the producer's licensure and other information on the national Producer Database (PDB). When it is finished, the page will refresh to show the **License Information** section.

**Individual Resident License Application**

Last Name  \* Required  
SSN  \* Required 123456789  
Confirm SSN  \* 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.*

Mississippi is undergoing a PMLA conversion at this time. Mississippi resident applications are unavailable until January 30,2010

- [Alabama](#)       [Idaho](#)       [Massachusetts](#)       [New Jersey](#)       [South Dakota](#)
- [Alaska](#)       [Illinois](#)       [Michigan](#)       [New Mexico](#)       [Tennessee](#)
- [Arizona](#)       [Indiana](#)       [Minnesota](#)       [North Carolina](#)       [Texas](#)
- [Colorado](#)       [Iowa](#)       [Mississippi](#)       [North Dakota](#)       [Utah](#)
- [Connecticut](#)       [Kansas](#)       [Missouri](#)       [Ohio](#)       [Vermont](#)
- [Delaware](#)       [Kentucky](#)       [Montana](#)       [Oklahoma](#)       [Virginia](#)
- [District of Columbia](#)       [Louisiana](#)       [Nebraska](#)       [Oregon](#)       [West Virginia](#)
- [Georgia](#)       [Maine](#)       [Nevada](#)       [Pennsylvania](#)       [Wisconsin](#)
- [Hawaii](#)       [Maryland](#)       [New Hampshire](#)       [Rhode Island](#)       [Wyoming](#)

**Reinstatements:** Electronic submission cannot be used to reinstate an inactive license if you are applying to Oklahoma, South Dakota, or Utah.

**States Accepting Paper License Applications**

*There are currently no states accepting paper license applications.*

[Click here to verify Individual 's PDB information](#)

*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.*

**Processing Method**

Credit Card/Electronic Check Submission

*\*\* We proudly accept VISA, MASTERCARD, AMERICAN EXPRESS 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 proudly accept VISA, MASTERCARD, AMERICAN EXPRESS and electronic checks. \*\**

Organization

User Name

Password

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.

Organization

User Name

Password

*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.*

## Selecting Licenses

The **License Information** section displays license types available in Texas, the selected resident state. Select the license for which you want to apply.

Use the following steps:

1. Review the value of the **State** field, and verify it is correct. If it is incorrect, click the **Back** button at the bottom of the page to choose a different state.
2. If the selected state offers multiple individual resident license types, in the **License Type** field, click to select the radio button that corresponds to the type of license you want to apply for  
OR  
If the selected state offers only one resident license types, the **License Type** field will display the name of the sole available license type.
3. In the **Previously licensed?** field, click the **Yes** radio button if you have been previously licensed in the state; click the **No** radio button if the producer has never been licensed in the state.
4. Click the **Continue** button. The page will refresh to show the **Qualifications** section.

**Individual 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.**

**License Information**

General Lines includes the following qualifications; Life, Accident, Health and HMO (LAH) or Property and Casualty (P&C).  
Once you select this license, **SELECT THE PROPER QUALIFICATION.**

\*NOTICE: If you are reinstating your license between the 91 and 365th day after the expiration date, your application will require an additional late fee. A deficiency letter will be sent to you requesting the additional fee before the application is processed by the department.\*

State Texas

**License Type**

Adjuster

General Lines Agent

Life Agent Individual

Limited Lines Agent

Managing General Agent

Pers Lines Prop and Cas Agent

Surplus Lines Agent

**Previously licensed ?**  Yes  No

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## Selecting LOA

The page displays the qualifications (license lines or LOA) available in the selected state that are supported by the selected license type. Select the qualifications for which you want to apply.

Use the following steps:

1. In the **Qualifications** section, click to checkmark the **Qualification Code** checkbox that corresponds to each license line or LOA you want to apply for.
2. Click the **Continue** button. The **Individual Information** section will open.

## Individual Resident License Application

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

### Qualification Information for State of Texas: General Lines Agent

*If this application is being submitted due to passing an examination, make sure the Exam License Type / Qualification matches the application's License Type / Qualification. If the License Type/ Qual is not correct, back up to the beginning and select the correct options.*

### Qualification Code

*\* At least one qualification must be selected.*

- Life, Accident, Health & HMO  
 Property and Casualty

Cancel

Back

Continue

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## Entering Applicant Information

The **Individual Information** section collects personal and professional information that the system needs in order to prepare your license application(s) for state processing. You must enter data in all of the required fields before you can continue the license application process.

Use the following steps:

1. If known, enter your National Producer Number (NPN) in the **National Producer Number** field.
2. *Required.* In the **First Name** field, enter your first name.
3. In the **Middle Name** field, enter your middle name.
4. *Required.* In the **Last Name** field, enter your last name.
5. In the **Suffix** field, enter your name suffix.
6. *Required.* In the **Birth Date** field, enter your date of birth. Use the *mmdyyyy* date format.
7. *Required.* From the **Gender** dropdown menu, select either **Male** or **Female**.
8. *Required.* From the **Citizen Country Code** dropdown menu, select the nation or principality that you are a legal citizen of.
9. *Required.* Enter the producer's business email address in the **Business Email Address** field.
10. *Required.* Enter the producer's personal email address in the **Applicant Email Address** field. (It may be identical to the **Business Email Address**.)
11. If desired, enter your business's web address in the **Business Web Address** field.
12. If desired, enter your Central Registration Depository (CRD) number in the **FINRA CRD Identifier** field.
13. In the **Individual Alias Information** section, if applicable, enter up to 99 of your other assumed, fictitious, alias, maiden, or trade names which you have used in the past or is currently doing business as or intends to do business as. Select the type of alias from the **Type** dropdown menu and enter alias information in the name fields.
14. *Required.* Enter your home address information in the **Individual Residence Address** fields.
15. *Required.* Enter your business address information in the **Individual Business Address** fields.
16. *Required.* Enter your mailing address information in the **Individual Mailing Address** fields.

17. *Required.* Enter your home phone number in the **Residence Phone Number** field.
18. *Required.* Enter your work phone number in the **Business Phone Number** field.
19. If desired, enter your work fax number in the **Business Fax Number** field.
20. Click the **Continue** button. The **Employment History** section will open.

**Individual Resident License Application**

**Individual Information**

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 SBOCOW. 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. Disclosure of Social Security Number is Required by the Texas Family Code §531.302.

Social Security Number: 123456789 \* Required  
 National Producer Number:   
 First Name: Sylvia \* Required  
 Middle Name:   
 Last Name: Sparks \* Required  
 Suffix (Jr, Sr, etc.):   
 Birth Date: 06/15/1949 \* Required (mm-dd-yyyy)  
 Gender: Female \* Required  
 Citizen Country Code: United States \* Required  
 Business Email Address: sparks@email.com \* Required  
 Applicant Email Address: sparks@email.com \* Required  
 Business Web Address:   
 FINRA CRD Identifier:

**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:

**Individual Residence Address**

Line One: 123 Main \* Required  
 Line Two:   
 Line Three:   
 City: Austin \* Required  
 State: Texas \* Required  
 Postal Code: 78887 \* Required  
 Country: United States \* 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: 456 Cherry \* Required  
 Line Two:   
 Line Three:   
 City: Austin \* Required  
 State: Texas \* Required  
 Postal Code: 78887 \* Required  
 Country: United States \* 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: 123 Main \* Required  
 Line Two:   
 Line Three:   
 City: Austin \* Required  
 State: Texas \* Required  
 Postal Code: 78887 \* Required  
 Country: United States \* Required

**Residence Phone Information**

Phone Number: 5556667777 \* Required

**Business Phone Information**

Daytime Phone Number

Phone Number: 5556667878 \* 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:

## Entering Employment History Information

In the **Employment History** section, enter your employment history or education background for the past five years.

Use the following guidelines:

- Begin with the most recent position.
- If the producer still holds the most recent position, enter the current month and year in the **Ending Date** field for that position.
- Include full- and part-time work, self-employment, military service, unemployment, and full-time education.
- You are required to enter at least one employment history entry.

Use the following steps:

1. *Required.* Enter the month and year you started the position in the **Beginning Date** field. Use the *mm-yyyy* date format. (e.g., for March 2012, enter "03-2012").
2. *Required.* Enter the month and year you vacated the position in the **Ending Date** field. Use the *mm-yyyy* date format (e.g., for September 2014, enter "09-2014"). If you are still employed in this position, enter the current month and year in the **Ending Date** field.
3. *Required.* Enter the name of your employer in the **Employer Name** field. If submitting education background, enter the name of the college or university.
4. *Required.* Enter the city location of your employer in the **City** field. If submitting education background, enter the city location of the college or university.
5. *Required.* Select from the **State** dropdown menu the state location of your employer. If submitting education background, enter the state location of the college or university.
6. *Required if value of Country field is Canada.* Select from the **Province** dropdown menu the Canadian province location of the producer's employer. If submitting education background, enter the Canadian province location of the college or university.
7. *Required.* Select from the **Country** dropdown menu the country location of your employer. If submitting education background, enter the country location of the college or university.
8. *Required.* In the **Position Description** field, enter your job title with the employer, or enter "Student" if the employment history entry reflects education history.
9. Repeat the preceding steps in succeeding employment history fields as necessary.
10. If desired, click the **Add More Employment History Information** button to enable fields to enter information about an additional position.

Individual 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.

Beginning Date 122007 \* Required (mm-yy)

Ending Date 072012 \* Required (mm-yy)

Employer Name Insurance Management Company \* Required

City Carson City \* Required

State Nevada

Province

Country United States \* Required

Position Description Broker General Agent \* Required

Beginning Date 032004 \* Required (mm-yy)

Ending Date 122007 \* Required (mm-yy)

Employer Name First Financial Freedom, LLC \* Required

City Reno \* Required

State Nevada

Province

Country United States \* Required

Position Description General Agent \* Required

Beginning Date \* Required (mm-yy)

Ending Date \* Required (mm-yy)

Employer Name \* Required

City \* Required

State

Province

Country \* Required

Position Description \* Required

Beginning Date \* Required (mm-yy)

Ending Date \* Required (mm-yy)

Employer Name \* Required

City \* Required

State

Province

Country \* Required

Position Description \* Required

Add More Employment History Information

## Entering Agency Affiliation Information

In the **Affiliation Information** section, you may enter information about your affiliation or association with an agency or brokerage. If you are unsure of the affiliation information, leave this section blank.

Use the following steps:

1. *Required only if entering affiliation information.* Enter the name of the agency in the **Agency Name** field.
2. *Required only if entering affiliation information.* Enter the agency's federal Employer Identification Number in the **Agency EIN** field.
3. *Required only if entering affiliation information.* Enter the agency's National Producer Number (NPN) in the **National Producer Number** field.
4. Repeat the preceding steps in succeeding agency affiliation fields, up to three, as necessary.

**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

**Agency Name**  \* Required

**Agency EIN**  \* Required

**Agency Name**  \* Required

**Agency EIN**  \* Required

## Answering Background Questions

The **Background Questions** section contains uniform and/or state-specific questions pertaining to your personal and professional background and ethical conduct. You are required to answer all of the background questions.

Use the following guidelines:

- It is in your best interest to answer all background questions honestly and to provide additional information to the state when necessary. In some cases, you will need to submit additional documentation to the state insurance department to support your answers. (Read each question carefully to determine if your answer will require you to send supporting documentation.)
- If you answer yes to any question, you may elect later in the license application process to upload documentation to support or explain your answer (court papers, etc.) directly to your license application. The attached documentation will be submitted to the state department of insurance together with your license application for review by the insurance department. (You also may mail or fax your supporting documentation to the insurance department separate to your license application; however your application will remain in pending status until the state receives the supporting documentation.)

Use the following steps:

1. Click to select either the **Yes** or **No** radio button to respond to each question. Depending on the response, a free text field may become enabled, allowing you enter an explanation or other related information.
2. When you are finished, click the **Continue** button. The **Attestation** section will open.

**Individual Resident License Application**

**TX Individual Resident State Specific Questions**  
*All questions are required unless otherwise specified*

Please answer the following TX Individual Resident State Specific Questions

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**Question 1**

Are you claiming exemption from the requirement to submit a fingerprint receipt based on being an individual applicant with an active TX license and have already submitted fingerprints to TDI with another license application?

If answered "Yes", applicant must provide active TDI License Number

If answered "No" applicant must enter where fingerprint receipt was obtained.

No  
 Yes

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**Question 1A**

TDI License Number:

Applicant License number must be entered if claiming exemption from submitting a fingerprint receipt.

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**Question 1B**

City Location:

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**Question 1C**

Date listed on fingerprint receipt:

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**Question 1D**

L1 Fast Receipt or Pearson VUE Fast Receipt TCN #:

Applicant Fast Receipt information must be entered when submitting resident license application.

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**Question 2**

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?

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

No  
 Yes

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**Question 3**

During the last 6 months, have you applied for or received a temporary license of the type for which you are now applying?

If you answer "Yes" a temporary license will not be issued. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.

No  
 Yes

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**Question 4**

Do you currently hold any adjuster, public insurance adjuster or insurance agent license in any state other than Texas or have you held any adjuster, public insurance adjuster or insurance agent license in any state other than Texas within the last five years?

If you answer "Yes", you must provide one of the following:

Applicants who have held a resident license in another state within the previous five years from the date of this application must submit a Clearance Letter from the Insurance Commission in the state(s) in which the applicant was previously licensed. A Producer Database printout showing the termination of the license in the applicant's previous resident state(s) can take the place of a Clearance Letter.

Applicants holding a current resident license in another state must submit an original Certificate of Good Standing from the Insurance Commission in the applicant's state of residence. The Certificate of Good Standing must be dated within 90 days of receipt of the completed application. A Producer Database print out showing that a current license is held in the applicant's resident state can take the place of a Letter of Certification.

No  
 Yes

## Attesting to the Application

You must swear that the information you are submitting with your license application is complete, truthful, and accurate.

Use the following steps:

1. Carefully read the attestation.
2. *Required.* When you are finished, if you submit to the terms of the attestation, click to checkmark the **I Agree** checkbox.
3. Click the **Continue** button. The **License Application Summary** page will open.

**Individual Resident License Application**

**Attestation Information for State of Texas: General Lines Agent**

*If this application is being submitted due to passing an examination, make sure the Exam License Type / Qualification matches the application's License Type / Qualification. If the License Type/ Qual is not correct, back up to the beginning and select the correct options.*

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

The Applicant must read the following very carefully:

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 or 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 or 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 further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.

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.

For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

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 Agree\* *Required*

### Acknowledging the State License Application Fee

The next page calculates for your information the state fee for the license application you are submitting. Click the **Continue** button to move ahead.

Individual Resident License Application	
Additional State Fee Information for State of Texas: General Lines Agent	
Fees	Amount
Licensing Application Fee for Property and Casualty	\$50.00
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Continue"/>	
<a href="#">Home</a>   <a href="#">Help</a>   <a href="#">News Releases</a>   <a href="#">FAQ</a>   <a href="#">State Information</a>   <a href="#">NAIC Information</a>	

### Submitting the License Application

Review the summary details of the license application transaction in the **License Application Summary** section.

Use the following steps:

1. Review the basic applicant information at the top of the page.
2. If you need to return to the application and update information you entered earlier, click the **Review License Application** link.
3. If the process will result in the submission of an electronic resident license application, the **Electronic Applications** section displays fee totals for the state to which you are applying. Review the total electronic license application fees, including the state license application fee and the fee for using Compliance Express to prepare and electronically submit your license application.
4. In the **Fee Summary** section, review the fee grand totals, including state fees, Compliance Express service fee, and processing fee (if applicable).
5. Click the **Click here to view additional state requirements** link to open a new browser window containing detailed information about concluding the application process in the state to which you are applying.
6. When you are ready to submit the license application, click the **Submit** button. The **License Application Payment** page will open.

Individual Resident License Application				
License Application Summary				
State to Apply		Texas		
Last Name		Sparks		
<a href="#">Review License Application</a>				
Electronic Applications				
Delete	Dest. State	License Type	Qualification Type	Total State Fee
<input type="checkbox"/>	<a href="#">Texas</a>	General Lines Agent	Property and Casualty	\$50.00
<b>State Fee Total</b>				\$50.00
<b>Sircon Service Fee</b>				\$8.50
Fee Summary				
<b>Electronic Applications State Fee Total</b>				\$50.00
<b>Sircon Service Fee Total</b>				\$8.50
<b>Total</b>				\$58.50
<i>All license application fees are non-refundable.</i>				
<a href="#">Click here to view additional state requirements</a>				
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Submit"/>				
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### Paying for the Transaction

We offer two methods of payment, either by credit card or electronic check. You may submit either type over our secure, SSL-encrypted network connection.

Choose from among the following:

#### **To pay using a credit card**

Use the following steps:

1. In the **Payment Details** section, review the total charge amount displaying in the **Amount** field and the transaction type in the **Description** field.
2. In the **Payment Method** field, click to select the **Pay by Credit Card** radio button.
3. In the **Credit Card Information** section, in the **Credit Card Number** field, enter your credit card account number.
4. In the **Expiration Date** field, enter the month and year of your credit card's expiration date. Use the *mm-yy* date format.
5. In the **Card Type** field, click to select the type of card you are using for the transaction: Visa, MasterCard, or American Express.
6. In the **Billing Information** section at the bottom of the page, enter information just as it appears on your charge statement issued to you by the selected credit card company. Required fields are in **bold** type and include the following:
  - **First Name**
  - **Last Name**

- **Street Address 1**
  - **City**
  - **State** (2-character state code)
  - **Postal Code** (5-digit ZIP code)
  - **Country**
  - **Phone Number** (10-digits, including area code)
  - **Email Address**
7. Click the **Submit** button once to submit payment using the selected payment method. After your payment is processed, the **License Application Confirmation** page will open.

## Individual Non-Resident License Application

## License Application Payment

\* indicates required fields

## Payment Details

Amount: \$114.82

\* Payment Method:  Pay by Credit Card Pay by ECheck

## Credit Card Information

\* Credit Card Number: 4111111111111111

\* Expiration Date: 06/16

\* Card Type:

*If you are using a company/corporate card, you must be a signer on the account to use the card.*

## Billing Information

\* First Name: Dave

\* Last Name: LeShrimp

Company:

\* Street Address 1: 450 W Broad St

Street Address 2:

\* City: Falls Church

\* Country: United States

\* State: Vermont

\* Postal Code: 13245

\* Phone Number: (555) 555-5555

\* Email Address: user@email.com

Submit

**To pay using an electronic check**

To use the electronic check service, you will need to refer to information on an actual check or draft from a selected bank account.

Use the following steps:

1. In the **Payment Details** section, review the total charge amount displaying in the **Amount** field and the transaction type in the **Description** field.
2. In the **Payment Method** field, click to select the **Pay by ECheck** radio button.

3. In the **ECheck Information** section, from the **Account Type** dropdown menu, select the bank account type from which you want to draw funds for payment by electronic check.
4. In the **Routing Number** field, enter your bank routing number. (This is the number to the left of your account number along the bottom of your check.)
5. In the **Account Number** field, enter the account number of the account type you selected in the **Account Type** field.
6. In the **Check Number** field, enter the check or draft number.
7. From the **Driver's License State** dropdown menu, select the name of the state that issued your driver's license or state ID.
8. In the **Driver's License** field, enter your driver's license or state-issued ID number.
9. In the **Date of Birth** field, enter your birthdate. Use the *mm-dd-yyyy* date format.
10. If you selected Corporate Checking from the **Account Type** dropdown menu, in the **Company Tax ID** field, enter your company's Federal Employer Identification Number.
11. Click to checkmark the **Authorize** checkbox to indicate that you authorize the transfer of funds from your financial institution in the amount displaying in the **Total Amount** field to pay for this transaction.
12. In the **Billing Information** section at the bottom of the page, enter information just as it appears on your charge statement issued to you by the selected credit card company. Required fields are in **bold** type and include the following:
  - **First Name**
  - **Last Name**
  - **Street Address 1**
  - **City**
  - **State** (2-character state code)
  - **Postal Code** (5-digit ZIP code)
  - **Country**
  - **Phone Number** (10-digits, including area code)
  - **Email Address**
13. Click the **Submit** button once to submit payment using the selected payment method. After your payment is processed, the **License Application Confirmation** page will open.

Individual Non-Resident License Application

License Application Payment

\* indicates required fields

Payment Details

Amount: \$114.82

\* Payment Method:  Pay by Credit Card

Pay by ECheck

ECheck Information



\* Account Type:

\* Routing Number:

\* Account Number:

Check Number:

\* Driver's License State:

\* Driver's License Number:

Date of Birth:

Company Tax ID:

By entering my account number above and clicking Authorize, I authorize my payment to be processed as an electronic funds transfer or draft drawn from my account. If the payment is returned unpaid, I authorize you or your service provider to collect the payment and my state's return item fee by electronic funds transfer(s) or draft(s) drawn from my account. [Click here to view your state's returned item fee](#) If this payment is from a corporate account, I make these authorizations as an authorized corporate representative and agree that the entity will be bound by the NACHA operating rules.

\* Authorize:

Billing Information

\* First Name:

\* Last Name:

Company:

\* Street Address 1:

Street Address 2:

\* City:

\* Country:

\* State:

\* Postal Code:

\* Phone Number:

\* Email Address:

## Completing the Process

Review confirmation, receipt, and follow-up information for your license application transaction in the **License Application Confirmation** section.

Use the following steps:

1. Review the confirmation message and basic applicant information at the top of the page.
2. If desired, click the **Print** link to print a paper copy of this **License Application Confirmation** page.
3. If necessary and/or desired, click the **Attach Documents** link to open a separate window with instructions on attaching supporting documentation to your license application. (For more information about attaching supporting documents to your license applications, see page 23.)
4. In the **Electronic Applications** section review the details of the electronic license application transaction.  
If desired, click the number link or the **Snapshot** button () displaying in the **Confirmation ID** field. A separate window will open displaying a printable, HTML-format version of your completed license application.
5. In the **Fee Summary** section, review the fee grand totals, including applicable state, processing, and handling fees. If desired, click the [Click here to view additional state requirements](#) link to open the **License Application Additional State Requirements** window. It contains follow-up information for the selected state, including where to forward supporting background question documentation, how to review the status of the license application, and what to do if there are delays or errors. It may also contain a link to access the **NIPR Electronic Attachment Warehouse**, to which you can upload supporting documentation for Uniform Background questions for certain licenses in certain states.
6. Click the **View Result Details** button to open the **License Application Status Inquiry** page to review additional information about the license application transaction.
7. When you are finished, click the **Done** button.
8. To check the ongoing processing status of one or multiple submitted license applications, run the **License Application Activity Inquiry**.

## Individual Resident License Application

### License Application Confirmation

✔ Your License Application(s) were successfully submitted. Please review the information on this page, and then print the page for your records using the Print link below.

NEXT I would like to:

- [Attach documents](#) to this application ↕
- [Print](#) this confirmation page

Note: This page is your confirmation and receipt of the transactions listed below. Please print this page for your records. To print this page, [click here](#)

**State to Apply** : Texas  
**Last Name** : SPARKS

### Electronic Applications

Confirmation ID 	Dest. State	License Type	Qualification Type	Status	Total State Fee
<a href="#">4010237</a>	<a href="#">Texas</a>	General Lines Agent	Property & Casualty		\$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>Total</b>	\$58.55

[Click here to view additional state requirements](#)

You may wish to print this page for your records.

[View Result Details](#) [Done](#)

Figure 1. License Application Confirmation

 [Print](#)

09-10-2014 12:01 AM EDT

No of Records: 1

**Key:**

-  = Print Confirmation
-  = Print Application Form\*
-  = Attach Supporting Documents

**Texas General Lines Agent Application**

Confirm ID #	Submit Date	Producer	EIN/SSN	License Number	Status	Effective Date	Expiration Date	Transmission Method	NIPR Trans ID	Submission Method	User	Action
<a href="#">4032724</a>	09-09-2014	SPARKS, SYLVIA	xxx-xx-6789		Under State Review			Sircon Direct		Online Entry	User, Valued	  

  

Result Rcvd Date	Qualification Type	Result	Description
09-09-2014	Property and Casualty	Under State Review	

[Back to License Application Confirmation](#)

[How do I print my license?](#)

I agree to use any information viewed or printed including, but not limited to, social security numbers only in compliance with the Social Security Privacy Act of 1974.

The expiration dates provided herein by Compliance Express are for informational purposes only. While we do our best to ensure expiration dates are accurately calculated, we do not guarantee they are accurate. In some cases Compliance Express does not calculate the expiration date due to insufficient data needed to accurately calculate the date. Please contact the appropriate State regulatory agency to confirm the dates if you have any questions or concerns.

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

Figure 2. License Application Activity Inquiry page

## Notes

The system will send a confirmation email to the email address you entered in the **Business Email Address** field.

If you need to change any information on your application after you have submitted it, send the changes in writing to the appropriate state office. Do not attempt to submit changes electronically using Compliance Express. Submitting another application with updated information will be considered a new request and will result in an additional charge.

When entering mailing, business, or residence address information, do not enter a slash (such as in "c/o") or parenthesis in the **Line One** field. The **Line One** field may contain only ampersands, letters, digits, spaces, pounds, hyphens, commas, colons, apostrophes, or periods.

# Attaching a Document

Use the **Attach Supporting Documents** service to securely submit to certain states documentation supporting an answer to a background question on a license application.

To open the **Attach Supporting Documents** page, choose one of the following methods:

- At the end of license application process, in the green message box at the top of the **License Application Confirmation** page click the **Attach Documents** link

The process involves the following steps:

## Uploading Supporting Documentation

1. If the documentation is already in Microsoft Word, Microsoft Excel, or Adobe PDF file format, the system will accept them as is. However, if you have only a paper document, use an electronic scanner to scan the paper document and convert it to an electronic image file of a supported file type. (See **Notes**, below.)
2. Save the scanned image file to your computer file system.
3. In the **Attachments** section of the **Attach Supporting Documentation** page, click the **Browse** button. The **Choose File** dialog box will open.
4. Use the navigation options on the **Choose File** dialog box to locate the electronic file on your computer system. When the correct file name appears in the **File Name** field, click the **Open** button. The **Choose File** dialog box will close, and the system path to the file will appear in the **Select a Document** field to the left of the **Browse** button.
5. In the **Document Description** field, enter a brief document description of the file you are attaching to the license application. Maximum 32 characters.
6. Click the **Attach** button. The system will upload the selected electronic file. When it is finished, the file's name and description will display in a table in the **Attachments** section.
7. Repeat the preceding steps for each document you wish to upload.

## Attach Supporting Documents

SYLVIA SPARKS

### License Applications

You may attach files to the license applications below.

State	License Number	License Type	Date Submitted	Status
TX		General Lines Agent	09-09-2014	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

C:\Users\sspark\Deskto

Browse...

Explanation to Background Question 7

Attach

### 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?](#)

[Are my documents secure when I attach them?](#)

[What if I do not see my license listed above?](#)

Cancel

Submit

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

### Submitting Supporting Documentation

1. In the **License Applications** section of the **Attach Supporting Documentation** page, review the list of states to which you have applied for a license application. By default, all of the documents listed in the table in the **Attachments** section will be attached to license applications submitted to the listed states.
2. If desired, to instruct the system not to send a selected uploaded document to a particular state, click the **View/Modify Destination States** button (  ) in the **Action** field of a selected document. Then, click to uncheckmark the checkbox

corresponding to a state to which you do not want to submit the document. When you have finished, click the **Save** button (📁).

3. If desired, to edit the file description of a listed document, click the **Edit Description** button (✎) in the **Action** field of a selected document. Modify the value in the **Edit File Description** field. When you are finished, click the **Save** button (📁).
4. If desired, to remove an uploaded document from submission altogether, click the **Delete** button (✖) in the **Action** field of a selected document.
5. Once all desired documents are uploaded, click the **Submit** button. Each document will be encrypted, attached to its related license application transaction, and transmitted securely to the state. The **Supporting Document Confirmation** page will open, displaying each attached document and the destination state(s).
6. If desired, click the print link in the green box at the top of the page to print the **Supporting Document Confirmation** page on a local printer.
7. To complete process, click the **Submit** button.

## Attach Supporting Documents

SYLVIA SPARKS

### License Applications

You may attach files to the license applications below.

State	License Number	License Type	Date Submitted	Status
TX		General Lines Agent	09-09-2014	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.

File Name	File Description	Size	Date Attached	Action
FAQ.pdf	Explanation to Background Question 7	171.21 kb	09-10-2014	 

Key:  = Edit Description  = Delete

Select a Document

Document Description

<input type="text"/>	Browse...	<input type="text"/>
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Attach

### 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?
- Are my documents secure when I attach them?
- What if I do not see my license listed above?

Cancel

Submit

Home | Help | News Releases | FAQ | State Information | NAIC Information

### Notes

To review the background questions for which attachments may be required, go to the question **How do I know what documents to attach for each state?** Under the **Frequently Asked Questions** section. There, select **View State Specific Requirements**. A new window will open with the text of the questions.

If you do not have your electronic document ready at the conclusion of the license application or license renewal process, you can attach it to the application or renewal later. A state will hold your application or renewal in pending status until it receives your supporting documentation. To re-open the **Attach Supporting Documents** page, run the License Application Activity Inquiry or License Renewal Activity Inquiry, find your license application or renewal, and then in the corresponding **Action** column, click the **Attach Supporting Documentation** () button.

You may attach only documents with the following file types: Word (.doc or .docx), Excel (.xls or .xlsx), PDF (.pdf), JPEG (.jpg), TIFF (.tif), or PNG (.png).

If you have scanned a paper document to create an electronic file, use the scanner software application you are using on your computer to save the scan as one of the supported file types. Most scanner software programs offer a File menu, from which you can select Save As, and then save the scan as a PDF, TIFF, JPEG, or PNG file type. For additional assistance, consult the online help of your scanner software program.

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