

10. Are you a citizen of the United States? yes no
 Are you a permanent resident of the United States? yes no
 If no, attach a copy, **front and back**, of your I-94 or your card (visa).
11. Have you ever made application or been licensed as an agent, insurance adjuster or trainee insurance adjuster in Oklahoma or any other state(s)? yes no
 If yes, when? _____ Type and No. of License _____
12. Are you now or have you ever been licensed in any other state(s) as a resident adjuster? yes no
 If yes, what state(s)? _____ When? _____
 For Non-Resident Application: Please attach an original current (see cklst) certification letter from last state.
 For Resident Application: Please attach an original clearance letter from last resident state.

13. Describe your actual insurance or adjusting experience (attach separate sheet if necessary):

(Kinds of insurance) *(# of Yrs)* *(Types of Licenses Held)*

14. How much time do you intend to devote to adjusting _____

15. In what other business are you engaged? _____

16. A) Has any state ever refused, revoked, suspended, fined or terminated your adjuster's or insurance license(s)? Yes___ No___
 B) Have the authorities of any state ever called you before them for any alleged violation(s) of insurance laws? Yes___ No___
 C) Have you ever had any administrative action taken against your license in this or any other state? Yes___ No___
 D) If yes to A,B and/or C, attach appropriate documents and letter of explanation. Enclosed? Yes___ No___

17. Have you ever been convicted of, pled guilty or nolo contendere to
 A) Any felony? Yes___ No___
 B) A misdemeanor involving moral turpitude or dishonesty? Yes___ No___
 C) Any offense involving misappropriation of money or assets? Yes___ No___
 D) Violating any laws for acts arising out of any insurance transactions? Yes___ No___
 E) If yes to any of the above, give details on a separate sheet and attach a copy of Final Judgment and Sentencing or Court Minutes showing plea of guilty. Enclosed? Yes___ No___

18. Record of employment for past five years, starting with present occupation (attach separate sheet if necessary):

Nature of Work	Dates	Employer's Name and Address	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTARY PUBLIC

I, _____, being first duly sworn, state that I have read the within and foregoing application and that the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the license. **I hereby realize that any intentional misstatement of any fact required to be disclosed by the application shall be cause for refusal or revocation of the license, and constitutes a violation of the Insurance Code of Oklahoma.**

State of _____)
)ss _____
 County of _____)
Signature of Applicant

Date _____ [seal or stamp]

Expires: _____ My Commission

Notary Public Signature

INSURANCE ADJUSTER'S AFFIDAVIT (TRAINEE LICENSE ONLY)

I, _____, being first duly licensed as an Insurance Adjuster holding License Number _____, do hereby register _____ as a Trainee who will be under my direction and supervision for a period not exceeding twelve months. I understand that I accept full responsibility for said Trainee's actions while under my supervision and that I will be held accountable for any misconduct or violation of Insurance Law committed by this Trainee. I further understand that the scope of said Trainee's duties will not exceed those classes of business listed on my license. I agree, also, to give written notice to the Insurance Commission immediately if this Trainee leaves my employ or is no longer under my supervision and that I will disclose all details as to circumstances causing termination as a Trainee.

State of _____)
 _____)ss *Signature of Licensed Adjuster*
 County of _____)

Date _____

Notary Public Signature [seal or stamp]

My Commission Expires: _____

IF APPLICANT IS A FIRM, PARTNERSHIP, OR CORPORATION, PLEASE COMPLETE THE FOLLOWING

1. Name _____ Phone _____

2. Address _____
(Street and Box No.) (City) (State) (Zip)

3. Is the Applicant a Corporation? yes no Is the Applicant a Partnership? yes no
 Attach a copy of your Articles of Incorporation or Partnership Agreement.
 If non-resident, attach a copy of your Certificate of Qualification from the Oklahoma Secretary of State - (405) 521-3911.

Have authorities of any state ever refused the firm or any individuals authorized to act on behalf of the firm? yes no

Have authorities of any state ever revoked, suspended, fined or terminated the firm or any individuals authorized to act on behalf of the firm? yes no

Has the firm's surety or fidelity bond ever been denied, canceled or resorted to for satisfaction? yes no

If yes to 4,5 and/or 6, give details on a separate sheet and attach to this application. Enclosed? yes no

State the name of your directors, officers, or names of all partners. (Use a separate sheet if necessary.)

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Attach a separate sheet listing the name, complete address and license number of those adjusters who are authorized to act on behalf of the applicant's license. Enclosed? yes no

10. Complete Notary on opposite page.

CHECKLIST:

1. Enclosed a check or money order to cover fees due? (No cash accepted) Yes___ No___
2. Is the Notary portion completed and sealed? **must be done before submission** Yes___ No___
3. Are all questions answered? Yes___ No___
4. If Trainee, has a licensed adjuster completed the Trainee area? Yes___ No___
5. If non-resident, is an **original**, current (dated within 6 mo.) certification enclosed that shows proof of passed written examination? Yes___ No___
DO NOT send a copy of your license in lieu of a certification letter.
6. If resident and you have just moved here from a state that does require Adjusters to be licensed, have you attached an original clearance letter? Yes___ No___
7. If applying for a public adjuster's license, have you attached a bond in the amount of \$10,000 payable to The People of Oklahoma? Yes___ No___

◆ ONE CHECK FOR ALL FEES IS ACCEPTABLE AND ENCOURAGED ◆

FEE SCHEDULE

**All Fees Are By Law Deemed Earned
and Shall Not Be Refundable**

License (including Trainee)

For any single class of business.....\$30.00
 For two or more classes of business..\$50.00
 Public Adjuster (property only).....\$30.00
 Reinstatement.....Double the license fee
 State of Minnesota.....\$80.00
 (Other states subject to reciprocity)
 Duplicate License\$5.00

Examination - (Computerized)

**DO NOT SEND EXAM FEE TO THE
INSURANCE DEPARTMENT**

Study Manual.....\$40.00

INFORMATION

Examinations: The Department will honor requested test dates when possible. A notice of the scheduled date, time and location to appear for the computerized exam will be mailed to you. Failure to take the exam on the assigned date will result in forfeiture of fees and will require reapplication with all new forms and fees.

Test Scores are available to the applicant immediately upon completion of the exam.

Reinstatement Applications must have all continuing education hours, including the current year, completed and recorded **prior to** your reinstatement. The expiration and continuing education due date will change to comply with your new license issue date.

Twelve (12) Continuing Education Hours are due **prior** to each annual renewal. Requests for extensions will be subject to an administrative hearing.

In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability at the time you submit this application.

ATTENTION: WE COOPERATE WITH THE OKLAHOMA COUNTY DISTRICT ATTORNEY IN THE PROSECUTION OF BOGUS CHECK WRITERS.