



**APPLICATION FOR RENEWAL OF NONRESIDENT PRODUCER OR
AUTHORIZED REPRESENTATIVE LICENSE YEAR 20__ - 20__**

Date _____

- Producer
 Authorized Representative

We present the following information in order to obtain the renewal of our nonresident producer or authorized representative license:

Name of corporation
partnership or applicant's name: _____

Mailing address: _____

Business Address: _____

Phone number: _____ FEIN or SSN¹ : _____

Email: _____

Corporations or Partnerships: Name and social security number¹ of the persons acting on behalf of the corporation or partnership:

Signature of Applicant
(President's or Vice President's signature if applicant is a corporation or partnership)

(Name)

(Title)

NOTE: Please send a certified check or money order payable to the Secretary of the Treasury. All applications must be signed. Renewed licenses will be issued for a two year period.

¹ Provide only the last four (4) digits for individual social security numbers.