



# Texas Department of Insurance

Applications Section: Mail Code 107-1A  
P.O.Box 12069 Austin, Texas 78711-2069  
512-322-3503 www.tdi.state.tx.us

## Individual Only

This application form is to be used by individuals not required to pass a qualifying examination through Thomson Prometric. It must be typed or printed in ink. Those applicants required to take a qualifying examination must contact Thomson Prometric at **866-267-0455** or at **www.experioronline.com** for application information and examination reservations.

All applicants refer to page 8 for General Information.

## Part I-To be completed by all individual applicants

Applicants must choose only one license type. Those who wish to apply for more than one license type must submit a separate application and fee for each type. **Adjusters should read PART II of this application before continuing.**

### License Types (check only one):

- General Lines-Life, Accident & Health
- General Lines-Property & Casualty
- Life Insurance Not Exceeding \$15,000
- Funeral Prearrangement Life
- Life & Health Insurance Counselor
- Full-Time Home Office Salaried Employee
- Limited Lines
- County Mutual
- Insurance Service Representative
- Managing General Agent
- Surplus Lines Agent
- Risk Manager
- Adjuster-All Lines
- Adjuster-Property & Casualty
- Adjuster-Workers Compensation
- Adjuster-Trainee<sup>†</sup>
- Adjuster-Emergency<sup>‡</sup>
- Public Insurance Adjuster
- Public Insurance Adjuster-Trainee

**License Fees:** Fees are **\$50** per license type, or **\$150** for a temporary license. Make check or money order payable to the Texas Department of Insurance. All license fees are non-refundable and non-transferable.

<sup>†</sup> No fee required for Adjuster-Trainee

<sup>‡</sup> **\$20** fee required for Adjuster-Emergency

**Applicant Information**-Please read carefully and type or print legibly in ink.

### 1 Applicant's Full Legal Name-nicknames are not acceptable.

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME SUFFIX

### 2 Applicant's Social Security Number, Date of Birth and Daytime Phone Number-The application cannot be processed without this information.

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH (MM-DD-YY) DAYTIME PHONE NUMBER

Disclosure of Social Security Number is required by the Texas Family Code §231.302.

### 3 Official Mailing Address (required)-This is the address of record with TDI.

\_\_\_\_\_  
STREET, PHYSICAL LOCATION, ROUTE OR P O BOX APARTMENT, SUITE, ETC.

\_\_\_\_\_  
CITY STATE ZIP CODE

### 4 Business Address (required)-This must be the physical business address at which business records of insurance transactions are maintained.

\_\_\_\_\_  
NUMBER & STREET (MUST BE PHYSICAL LOCATION-P.O. BOX NOT ALLOWED) APARTMENT, SUITE, ETC.

\_\_\_\_\_  
CITY STATE ZIP CODE

**Applications will not be processed until proper documentation or details are received and a review is completed.**

**5** 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 answered "Yes" to any of questions 5a–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. Please submit a statement describing the circumstances leading to the offense(s). Please 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.*

**6** 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.*

**7** 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 judgements 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.*

**8** 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).*

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

No  Yes

*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. Public Insurance Adjuster Trainee applicants see Part III, number 2.*

**10** 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?

No  Yes

*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 attach 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 attach 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.

## Part II—All Lines Adjusters, Property & Casualty Adjusters, and Workers Compensation Adjusters Only

*Public Insurance Adjusters use Part III*

Adjusters may add additional qualifications without completing a new application by submitting to TDI a copy of the existing adjuster license along with a copy of the approved course certificate, or by passing the Thomson Prometric examination. The Certificate of Completion must show that within the past 12 months the adjuster has completed a certified adjuster prelicensing education program and passed an examination.

Adjuster applicants must complete this part with the name of the firm or insurer with whom they will be employed or, if self employed, with the applicant's name.

- 1 Provide the name of the firm or insurer for whom you will be employed as an adjuster, or if self-employed, enter your name.

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NAME OF FIRM OR INSURER (OR APPLICANT NAME, IF SELF-EMPLOYED)

- 2 **Adjuster Trainee Registration—An Adjuster Trainee is required to undergo education and training as an adjuster under the direction and supervision of a licensed sponsoring adjuster. Authorization to act as an Adjuster Trainee may not exceed 12 months. The Adjuster Trainee registration may not be renewed. An Adjuster Trainee must be sponsored by a licensed adjuster.**

The sponsoring licensed adjuster must complete the following certification.

This is to certify that the above-mentioned applicant will undergo education and training as an adjuster under my direction and supervision as required in *Texas Insurance Code*, § 4101.003.

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SIGNATURE OF SPONSORING LICENSED ADJUSTER

DATE SIGNED

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PRINT LEGAL NAME OF SPONSORING LICENSED ADJUSTER

TDI LICENSE NUMBER OF SPONSORING ADJUSTER

- 3 **Emergency Adjuster—An Emergency Adjuster License may be issued to an individual to adjust losses as a result of a catastrophe or emergency. The sponsoring licensed adjuster or insurance company must provide details of the catastrophe requiring the issuance of an Emergency Adjuster License. The details must include the date, location, kind of catastrophe, and a copy of official notice of the catastrophe or emergency.** TDI catastrophe bulletins are posted at [www.tdi.state.tx.us/com-mish/bulletins/cat96.html](http://www.tdi.state.tx.us/com-mish/bulletins/cat96.html). An Emergency Adjuster must be sponsored by either a licensed adjuster or a licensed and approved insurance company. The mailing address of the Emergency Adjuster sponsor must be provided. Emergency Adjuster Licenses are issued for 90 days. Emergency Adjuster applicants are not required to provide fingerprints.

Provide location and details of the catastrophe that the above-named applicant intends to work.

- 4 This is to certify that the above-named applicant will be working catastrophe claims at the above location(s) resulting from the catastrophe named in the attached official notice. I will be responsible for the loss or claims practices of the Emergency Adjuster License holder as required in *Texas Insurance Code*, § 4101.101.

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SIGNATURE OF SPONSORING LICENSED ADJUSTER OR SPONSORING COMPANY OFFICIAL

DATE SIGNED

**Print** legal name of sponsoring licensed adjuster or company official and sponsoring company

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NAME

TDI LICENSE NUMBER OF SPONSORING ADJUSTER

SPONSORING COMPANY NAIC NUMBER

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MAILING ADDRESS OF SPONSORING ADJUSTER OR SPONSORING INSURANCE COMPANY

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CITY

STATE

ZIP CODE

### Part III–Public Insurance Adjusters Only

Public Insurance Adjuster license applicants and trainee registration applicants must complete this part of this application.

- 1** Provide the name of the firm or person for whom you will be employed as a public insurance adjuster, whether or not such employer is licensed as a public insurance adjuster, or if self-employed, enter your name.

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NAME OF EMPLOYER (OR APPLICANT NAME, IF SELF-EMPLOYED)

- 2 Public Insurance Adjuster Trainee Registration**—A public insurance adjuster trainee is required to register and undergo education and training as a public insurance adjuster under the direction and supervision of a licensed sponsoring public insurance adjuster. Authorization to act as a public insurance adjuster trainee may not exceed 180 days, but may be renewed, so long as the registrant does not hold any more than two certificates, including renewals, within an 18 month period. A trainee certificate may be renewed by filing another fully completed application with the required \$50 fee with the department not more than 30 days prior to the expiration of an existing trainee certificate.

The sponsoring licensed public insurance adjuster must complete the following certification.

I certify that the above-mentioned public insurance adjuster trainee registration applicant will undergo education and training as an adjuster under my direction and supervision as required in *Texas Insurance Code*, § 4102.069 and that I continue to meet the public insurance adjuster financial responsibility requirement.

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SIGNATURE OF SPONSORING LICENSED PUBLIC INSURANCE ADJUSTER

DATE SIGNED

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PRINT LEGAL NAME OF SPONSORING LICENSED PUBLIC INSURANCE ADJUSTER

TDI LICENSE NUMBER OF SPONSORING PUBLIC INSURANCE ADJUSTER

- 3 Financial Responsibility**—Each public insurance adjuster license applicant and trainee registration applicant must demonstrate proof of financial responsibility with a surety bond executed with the applicant as sole principal in the amount of not less than \$10,000 payable to the Texas Department of Insurance on a bond form available from TDI or at [www.tdi.state.tx.us/general/forms/agentforms.html](http://www.tdi.state.tx.us/general/forms/agentforms.html). See *Texas Insurance Code*, § 4102.105 and *Texas Administrative Code* §19.705–19.707. The **original** bond must be attached to this application.

I have attached my original Public Insurance Adjuster Bond.

No  Yes

- 4 Fingerprints**—Each public insurance adjuster license applicant and trainee registration applicant must file with this application a complete set of fingerprints on the original fingerprint card unless an original fingerprint card was previously submitted to TDI.

I have already submitted a fingerprint card to TDI **or**

I have attached my original fingerprint card

- 5 Criminal History Record**—Each **nonresident** public insurance adjuster license applicant and **nonresident** trainee registration applicant must file with this application an original criminal history record of the applicant obtained from the state law enforcement agency of the applicant’s state of residence. I have attached my original criminal history records.

No  Yes

- 6 Agent for Service of Process**—All **nonresident** applicants for a public insurance adjuster license must provide the name and address of their agent for service of process in the State of Texas as required in *Texas Insurance Code*, § 4102.107.

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NAME OF TEXAS AGENT FOR SERVICE OF PROCESS

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TEXAS ADDRESS OF AGENT FOR SERVICE OF PROCESS

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CITY

STATE

ZIP CODE

**Part IV–Surplus Lines Agents Only**

1 Provide your current General Lines-Property and Casualty Agent or Managing General Agent TDI license number. (You must hold a current General Lines-Property and Casualty license or a Managing General Agent license to qualify for a Surplus Lines license.)

\_\_\_\_\_  
LICENSE NUMBER

**Part V–Insurance Service Representatives Only**

**Certificate for Insurance Service Representatives**–Must be completed by the appointing General Lines-Property and Casualty Agent. If the appointment is for a corporate entity or partnership, a licensed officer or partner must sign.

This is to certify that the above-mentioned applicant is appointed to act as an Insurance Service Representative for this General Lines-Property and Casualty Agent or Agency in the State of Texas, subject to the applicant’s qualifying for a license. If and when this appointment is terminated or cancelled, the Department will be notified immediately of such termination. The ISR Transfer/Cancel Employment Form LHL208 may be found at

**[www.tdi.state.tx.us/general/forms/agentforms.html](http://www.tdi.state.tx.us/general/forms/agentforms.html)**

Appointing General Lines-Property and Casualty Agent:

\_\_\_\_\_  
SIGNATURE OF LICENSED APPOINTING GENERAL LINES-PROPERTY AND CASUALTY AGENT

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

\_\_\_\_\_  
PRINT LEGAL NAME OF ABOVE-SIGNING GENERAL LINES-PROPERTY AND CASUALTY AGENT

\_\_\_\_\_  
TDI LICENSE NUMBER FOR APPOINTING INDIVIDUAL OR TDI LICENSE NUMBER OF APPOINTING CORPORATE OR PARTNERSHIP ENTITY

\_\_\_\_\_  
PRINT NAME OF APPOINTING INDIVIDUAL OR ENTITY

**Part VI—Notice of Appointment** (General Lines, Limited Lines, Funeral Prearrangement Life, Life Insurance Not Exceeding \$15,000, County Mutual Agents, Managing General Agents and Full-time Home Office Salaried Employees only)

The Notice of Appointment form must be signed in ink by **an authorized appointing official of the appointing insurance company, an executive officer or partner of the sponsoring agency, or the sponsoring insurance agent.** The form will be rejected if it does not contain the signature and title of the signing representative. **The applicant's signature will not be accepted.** The Notice of Appointment must include the date the form is signed. If a completed Notice of Appointment is not received with a General Lines, Limited Lines or Managing General Agent License application, the license may be issued. However, not later than the 30th day after the effective date of the agent's appointment by an insurance company, a TDI Notice of Appointment with the \$10 fee must be submitted to TDI. A licensed and appointed General Lines agent must submit a completed TDI Notice of Appointment with the \$10 fee to notify TDI of the appointment of a subagent. A Notice of Appointment does **not** apply to Insurance Adjuster, Public Insurance Adjuster, Risk Manager, Surplus Lines, Insurance Service Representative, or Life and Health Insurance Counselor licenses.

A General Lines agency/agent may appoint another General Lines agent as a subagent. This appointment notice form may appoint the applicant to only one insurance company or one insurance agency or one individual agent.

Applicants for a Limited Lines License or a Managing General Agent License cannot be appointed by an agency or agent.

<b>Notice of Appointment</b>	
APPLICANT'S FULL LEGAL NAME (AS SHOWN IN PART I OF THIS APPLICATION)	
APPOINTING COMPANY NAME (GROUP NAMES NOT ACCEPTABLE) <b>or</b>	NAIC NUMBER OF APPOINTING COMPANY
NAME OF SPONSORING AGENCY (AS IT APPEARS ON THE CURRENT GENERAL LINES LICENSE) <b>or</b>	AGENCY TAX ID NUMBER
NAME OF SPONSORING AGENT (AS IT APPEARS ON THE CURRENT GENERAL LINES LICENSE)	SSN OF SPONSORING INDIVIDUAL AGENT
<b>Temporary License</b> (for Funeral Prearrangement Life, Life Insurance Not Exceeding \$15,000, and County Mutual license applicants only): Does this company want the above named applicant to receive a temporary license to act as a full-time agent in accordance with the provisions of the <i>Texas Insurance Code</i> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>"Yes,"</b> please provide the telephone number of the office where the agent will be assigned: _____	
<b>Managing General Agent Only:</b> This section must be completed by an officer of the appointing company or carrier having personal knowledge that the applicant has had experience or instruction that would qualify the applicant as a managing general agent. Will the above named managing general agent applicant have claim settlement authority for the company or carrier? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the claim settlement authority exceed \$25,000 on any one claim? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the claim settlement authority include third-party liability other than property damage? <input type="checkbox"/> No <input type="checkbox"/> Yes Are funds exceeding \$100,000 customarily held by the managing general agent for the purpose of paying losses and loss adjustment expenses for the company or carrier? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>The Appointing Official must read and sign the following statements:</b> This is to certify that the above-mentioned applicant is appointed to act as an agent for this company OR a subagent for my agency OR a subagent for me in the State of Texas subject to the applicant's qualifying for a license. If and when this appointment is terminated or canceled, the Department will be notified immediately of such termination. This applicant meets the requirements as set out in the <i>Texas Insurance Code</i> and the rules and regulations promulgated by the Texas Department of Insurance for the type of license applied for herein. I acknowledge my responsibility for ensuring that the applicant receives training if required by the <i>Texas Insurance Code</i> .	
SIGNATURE OF APPOINTING OFFICIAL OF APPOINTING INSURANCE COMPANY OR EXECUTIVE OFFICER OR PARTNER OF APPOINTING AGENCY OR APPOINTING INDIVIDUAL AGENT.	
PRINT OR TYPE APPOINTING OFFICIAL'S OR OFFICER'S OR PARTNER'S OR INDIVIDUAL AGENT'S LEGAL NAME AND TITLE	DATE SIGNED



**Part VII-Background information and Fingerprints**

This part must be completed by all applicants except full time home office salaried employee, public insurance adjusters and public adjuster trainee registrants. Public insurance adjuster license applicants and trainee registration applicants must complete Part III and skip this part.

1 I am a resident of Texas:

- a  Yes, I have attached my Fingerprint Card or b  Yes, I have already submitted a Fingerprint Card or
c  I am not a resident of Texas (answer question number 2)

All resident applicants who have not previously submitted a complete and legible fingerprint card must submit a fingerprint card along with this application. Fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

2 I am a nonresident of Texas and have attached the required documents noted below.

- a  My criminal history records or b  A current Certificate of Good Standing from my resident state

All nonresident license applicants who do not hold a current insurance license in good standing in the applicant's state of residence shall, through the law enforcement agency of the state of residence, submit a copy of the applicant's criminal history records. Nonresident applicants who do not provide a criminal history record must provide a Certificate of Good Standing, not more than ninety (90) days old, from the insurance commissioner of the resident state. A Producer Database Printout showing that a current license is held in good standing in the applicant's resident state can take the place of a Letter of Certification.

**Part VIII-Individual Applicant Signature Page (to be completed by all applicants)**

All Applicants must read, sign, and have this section notarized before submitting the license application.

I hereby certify that I have personally answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance which relate to the issuance of the license for which I am applying and the grounds under which such license may be denied, suspended, revoked or non-renewed, and that I meet the requirements for the license type applied for herein. I further acknowledge that I am subject to both disciplinary action and criminal prosecution if my application contains a false, fictitious, or fraudulent statement or entry with regard to any material fact.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

I acknowledge and understand that I have the duty to inform the Commissioner of Insurance of any disciplinary action taken against me in any other state in which I may be licensed within thirty (30) days of the happening of such disciplinary action.

I further acknowledge that I have the duty to update the information contained on this application, including a change in my address, and that failure to do so may constitute grounds for revocation or suspension of my insurance license(s).

SIGNATURE OF APPLICANT

FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE)

The State of \_\_\_\_\_,

County of \_\_\_\_\_,

Before me, \_\_\_\_\_, on this day personally appeared

(PRINTED NAME OF NOTARY PUBLIC)

(PRINTED FULL LEGAL NAME OF APPLICANT)

on the oath of \_\_\_\_\_ or through \_\_\_\_\_ )

(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC)

(DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

(NOTARY SEAL)

(NOTARY PUBLIC SIGNATURE)

Notary Public, State of \_\_\_\_\_

Send completed application check or money order, made payable to the Texas Department of Insurance and other required documents to: Texas Department of Insurance Applications Section MC 107-1A P.O.Box 12069 Austin, Texas 78711-2069

## General Information

LICENSE TYPE	PART I	PART II	PART III	PART IV	PART V	PART VI	PART VII	PART VIII
General Lines–LAH (§ 4054.051)	•					◆	•	•
General Lines–P&C (§ 4051.051)	•					◆	•	•
Limited Lines (§ 4054.101 and § 4051.101)	•					◆	•	•
*Life Insurance Not Exceeding \$15,000 (§ 4054.201)	•					◆	•	•
*Funeral Prearrangement Life (§ 4054.151)	•					◆	•	•
L&H Insurance Counselor (Chapter 4052)	•						•	•
*County Mutual (§ 4051.201)	•					◆	•	•
Insurance Service Representative (§ 4051.151)	•				•		•	•
Managing General Agent (Chapter 4053)	•					◆	•	•
Surplus Lines Agent (Chapter 981)	•			•			•	•
Risk Manager (Chapter 4153)	•						•	•
Full-Time Home Office Salaried Employee (§ 4051.301)	•					•	•	•
Adjuster–All Lines (Chapter 4101)	•	•					•	•
Adjuster–P&C (Chapter 4101)	•	•					•	•
Adjuster–Workers Comp (Chapter 4101)	•	•					•	•
Adjuster–Trainee (§ 4101.003)	•	•					•	•
Adjuster–Emergency (§ 4101.101)	•	•					•	•
Public Insurance Adjuster (Chapter 4102)	•		•					•
Public Insurance Adjuster–Trainee (Chapter 4102)	•		•					•

• Required parts

\* A temporary license is available for this license type. A Part VI, Notice of Appointment is required for a temporary license, otherwise the Notice of Appointment is optional on this original application.

◆ Notice of Appointment is optional for these types on an original application. However, not later than the 30th day after the effective date of the agent's appointment by an insurance company, or subagent's appointment by a General Lines agent /agency, a Notice of Appointment with the \$10 fee must be submitted to TDI, if the Notice of Appointment is not made on this application.

License type information and descriptions, including examination requirements and exemptions, may be found at

**[www.tdi.state.tx.us/agent/aglityp.html](http://www.tdi.state.tx.us/agent/aglityp.html)**

**This application with fee and required attachments must be mailed to:**

**Texas Department of Insurance**, MC 107-1A  
P O Box 12069  
Austin TX 78711-2069

### Notice About Certain Information Laws and Practices

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you have the right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under Section 559.004 of the *Texas Government Code*, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at **(512) 475-1757** or visit the Corrections Procedure section of TDI's Web site at **[www.tdi.state.tx.us](http://www.tdi.state.tx.us)**

28 *Texas Administrative Code* §§ 19-801–19.803: All \$50 application and \$150 temporary license application fees are non-refundable and nontransferable as authorized by the *Texas Insurance Code*. Make check or money order payable to the Texas Department of Insurance.

**Applicants with Expired Licenses:** If a person's license has been expired for more than 90 days but less than one year, the person may not renew the license, but is entitled to a new license without taking the applicable examination if the person submits to TDI a new application, the license fee, and an additional fee equal to one-half of the license fee. If a person's license has been expired for one year or more, the person may obtain a new license by submitting to reexamination, if examination is required for original issuance of the license, and complying with the requirements and procedures for obtaining an original license.



## **General Information (continued)**

**Temporary License Applicants:** Only applicants applying for a Funeral Prearrangement Life License, Life Insurance Not Exceeding \$15,000 License or County Mutual License may apply for a temporary license with this application. All other temporary license applicants must submit a Thomson Prometric application form to Thomson Prometric at Oak Hill Technology, Inc., 12505-A Trail Driver, P.O. Box 99001, Austin, TX 78709-9001. The temporary license application must include a completed Notice of Appointment, Part VI, signed by the appointing company. The temporary license is valid for 90 days after the date of issuance.

A temporary license holder must submit to the Department a certification by the appointing insurance company that the temporary agent has completed the course of study and examination as required by the *Texas Insurance Code* with a copy of the temporary license to obtain a permanent Funeral Prearrangement Life License, Life Insurance Not Exceeding \$15,000 License or the County Mutual License.

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

**Public Insurance Adjuster Trainee Registrations**—A public insurance adjuster trainee registration expires after 180 days. A public insurance adjuster trainee who wishes to obtain a public insurance adjuster license must pass the Thomson Prometric examination and complete the Thomson Prometric application and submit to Thomson Prometric with the required \$50.00 fee. You may obtain information on the Thomson Prometric examination and the Thomson Prometric application at

**[www.experioronline.com](http://www.experioronline.com)**

**Names:** Applicants must supply their full, legal name and not a nickname. For instance, a Christopher **may not** apply as Chris.

**Addresses:** The official mailing address provided in Part I, number 3 must be your permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Address changes must be reported to TDI as required in the *Texas Insurance Code*, § 4001.252 and § 4003.009. If this official mailing address changes, the applicant/agent must notify TDI, in writing, either by fax to

**512-322-3553**

or by mail to

**Texas Department of Insurance**

Licensing Mail Code 107-1A

P O Box 149104

Austin TX 78711-9104

You may obtain the Licensee Address Change Request Form at

**[www.tdi.state.tx.us/agent/forms/addrchg.html](http://www.tdi.state.tx.us/agent/forms/addrchg.html)**

All address change requests must be dated and signed by the license holder.

**Fingerprints:** You may have your fingerprints taken by a law enforcement agency or by Thomson Prometric. Thomson Prometric offers fingerprinting services at its testing centers for a fee. You may call Thomson Prometric at

**866-267-0455** to make a reservation.

Fingerprint cards and criminal history records must be submitted with the application. Fingerprint cards and criminal history records sent to the Department without an application are not maintained.

You may view the *Texas Insurance Code* at

**[www.capitol.state.tx.us/statutes/intoc.html](http://www.capitol.state.tx.us/statutes/intoc.html)**

or the *Texas Administrative Code* at

**[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=3&ti=28&pt=1](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=28&pt=1)**

Please visit **[www.tdi.state.tx.us](http://www.tdi.state.tx.us)** for additional information.