Print Form

DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services – Bureau of Licensing

200 East Gaines Street, Larson Building Room 419
Tallahassee, Fl 32399-0319

APPLICATION FOR LIFE LICENSE AND APPOINTMENT U.S. FOREIGN MILITARY INSTALLATION PRINT OR TYPE (Answer all)

APPLICANT FOR LICENSE/APPOINTMENT FOR A NATURAL PERSON, NOT A RESIDENT OF THIS STATE, TO REPRESENT AN AUTHORIZED LIFE INSURER DOMICILED IN THIS STTE OR AN AUTHORIZED FOREIGN LIFE INSURER WHICH MAINTAINS A REGIONAL HOME OFFICE IN THIS STATE, PROVIDED SUCH PERSON REPRESENTS SUCH INSURER EXCLUSIVELY ON A UNITED STATES MILITARY INSTALLATION LOCATED IN A FOREIGN COUNTRY. (Pursuant to Section 626.322, Florida Statutes.)

Application is hereby made for license/appointment, description shown below:

1. NAME (FULL): _____ _____ ____
   LAST FIRST MI
2. SOCIAL SECURITY NUMBER: _____ - _____ - _____
3. PLACE OF BIRTH: _____ ____ DATE OF BIRTH: ____ / ____ / ____
   CITY STATE
4. RESIDENT ADDRESS: _____ _____ _____ _____
   NO. & STREET CITY STATE ZIP CODE
5. LAST ADDRESS IN UNITED STATES: _____ _____ _____ _____
   NO. & STREET CITY STATE ZIP CODE

I, THE UNDERSIGNED, FOR AND ON BEHALF OF THE INSURANCE COMPANY, WHOSE NAME APPEARS UPON, DO HEREBY CERTIFY THAT THE INDIVIDUAL FOR WHOM A LICENSE/APPOINTMENT IS REQUESTED, HAS BEEN THOROUGHLY INVESTIGATED AS TO INTEGRITY AND CHARACTER; THAT HE HAS THE NECESSARY TRAINING TO HOLD HIMSELF OUT AS A LIFE INSURANCE REPRESENTATIVE; AND THIS COMPANY IS WILLING TO BE BOUND BY THE ACTS OF SUCH APPLICANT WITHIN THE SCOPE OF HIS EMPLOYMENT.

LIFE INSURANCE COMPANY NAME: _____ COMPANY CODE: _____

HOME OFFICE ADDRESS (FLORIDA): _____ _____ _____ _____
NO. & STREET CITY STATE ZIP CODE

MAILING ADDRESS
IN FOREIGN COUNTRY: _____ _____ _____ _____
(FOR ALL OF YOUR CORRESPONDENCE) NO. & STREET CITY STATE ZIP CODE

Sworn to and subscribed before me this _____
day of _____, 20____

_____ _____ ____
Signature of Notary Public City State

_____
(Print, Type or Stamp Commissioned Name of Notary)

☐ Personally Known **OR** ☐ Produced Identification

Type of Identification Produced: _____

My commission expires: _____
(SEAL)

Signature of Company Official:

_____
Type or Print Name

Title: _____ Date: _____

FEES ARE NON-REFUNDABLE

☐ Application for License-Filling Fee	$50	0093 (F)
☐ I. D. License Fee	$ 5	0090 (F)
☐ Appointment Fee	$ 20	0093 (L)
TOTAL FEES ENCLOSED:	$_____	

DFS-H2-376
Revised 06/06

Return to : REVENUE PROCESSING SECTION
P.O. Box 6100 TALLAHASSEE, FLORIDA 32314-6100
(850) 413-3137

***NOTE**

You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, Unites States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. Section 626.171(5), Florida Statutes, implements this federal law. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.