

## Application for Life License and Appointment U.S. Foreign Military Installation

Applicant for license/appointment for a natural person, not a resident of this state, to represent an authorized life insurer domiciled in this site 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. (Section 626.322, F.S.)

Application is hereby made for license/appointment, descri	ption shown below (Print or Type All):	
1 Nama		
1. Name	First	MI
2. Social Security Number: Place of		
4. Resident Address: Trace of		Dittii
Street		ate Zip Code
5. Last address in U.S.:	•	1
Street		ate Zip Code
I, the undersigned, for and on behalf of the insurance comp individual for whom a license/appointment is requested, ha that he has the necessary training to hold himself out as a li bound by the acts of such applicant within the scope of his	s been thoroughly investigated as to integ fe insurance representative; and this com-	grity and character;
Life Insurance Company Name:	, Company Code:	
Home Office Address (FL):		Codc
Street	City Sta	te Zip Code
Mailing Address in Foreign Country (For ALL of your corn	5	г
Sworn to and subscribed before me this day of, 20	Company Official (Print/Sign)	
	Title	Date
Notary Public (Print/Sign)		
City State	Mail Completed Form to:	
(Print, Type, or Stamp Commissioned Name of Notary)	Revenue Processing Section P.O. Box 6000	
Personally Known OR Produced Identification Type of Identification Produced:	Tallahassee, FL 32314-6000	
My Commission Expires:	FEES ARE NON-REFUNDABLE	,
(SEAL)	Application for License-Filling Fed	
	I.D. License Fee	\$ 5 0090 (F)
	Appointment Fee	\$ 20 0093 (L)
	TOTAL FEES ENCLOSED:	\$

## **Privacy Statement**

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2.a., F.S., a state agency may collect your social security number if the collection is:

- (I) specifically authorized by law; or
- (II) imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.