

PA License Number: _____ SSN _____

**COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT
MOTOR VEHICLE PHYSICAL DAMAGE APPRAISER LICENSE RENEWAL FORM**

Process your renewal online in minutes on or before your license expiration date. Access these online services at www.insurance.pa.gov by clicking the Services for Producers & Other Licensees link on the left hand side of the home page and then click the Maintain Your License link. Print your license the next business day to your computer (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link). The renewal fee is \$55, check or money order, payable to the Commonwealth of PA. **DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.**

If it is beyond the expiration date of your license, you cannot renew online and must contact the Department at ra-in-producer@pa.gov for renewal instructions.

If you mail in your renewal, please allow 4 to 6 weeks for processing. **WE NO LONGER MAIL LICENSES.** Print a copy of your renewed license from our web site at www.insurance.pa.gov (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link).

MANDATORY BACKGROUND INFORMATION

- YES NO 1. Since the last renewal or initial application in this state, have you been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? **(If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**
- YES NO 2. Since the last renewal or initial application in this state, have you been subject to an administrative action, penalized or fined, had an insurance producer license or other financial services license or its equivalent refused, suspended or revoked by a Governmental entity or is any such action now pending? **(If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**
- YES NO 3. Since the last renewal or initial application in this state, have you failed to comply with an administrative or court order imposing a child support obligation? **(If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**
- YES NO 4. Since the last renewal or initial application in this state, have you failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? **(If yes, please email an explanation to our Compliance Division at ra-in-compliance@pa.gov)**

MANDATORY CERTIFICATION AND ATTESTATION

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed. **(Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)**

Applicant name (Printed or Typed)

Applicant Signature

Date

IF YOU NEED TO CHANGE YOUR ADDRESS, PLEASE VISIT OUR WEB SITE AT
WWW.INSURANCE.PA.GOV

Pennsylvania Insurance Department
Bureau of Licensing and Enforcement
1227 Strawberry Square
Harrisburg, PA 17120

Make checks payable to: Commonwealth of PA