



**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
BUREAU OF LICENSING AND ENFORCEMENT
1209 Strawberry Square
Harrisburg, PA 17120
Phone (717) 787-3840, option 3
Fax (717) 787-8553
www.insurance.pa.gov**

INITIAL NAVIGATOR OR EXCHANGE ASSISTER REGISTRATION - PAPER PROCESS

Please follow these instructions in order to apply for a new navigator or exchange assister registration via paper process:

- Complete the attached registration application and submit the completed application and specified fees to the Department. **You must also submit documentation that you are approved by CMS to operate as a navigator or exchange assister with your registration application.**
- The option to apply using a paper application should only be used if you are unable to apply online via www.sircon.com/pennsylvania, as the paper licensing process will be less convenient and may take considerably longer than the electronic method.
- You will need to include the application fee and fingerprinting fee with your application (\$1.00 application fee and \$27.75 fingerprinting fee for a total of \$28.75 – check or money order, payable to the Commonwealth of PA). Once we receive your application and the correct fee(s), we will mail you a receipt for the \$27.75 fingerprinting fee.
- Fingerprinting is required of all initial applicants for an individual navigator or exchange assister registration and must be completed in any of the PSI testing centers located in Pennsylvania. A listing of testing center locations and recommended walk-in fingerprinting hours can be found on PSI's web site at: <http://www.psonline.com/PROGRAMS/PA%20Fingerprint%20hours.pdf>. You must take the receipt showing you paid the \$27.75 fingerprinting fee, as well as a current photo ID such as a driver's license, with you to the PSI testing center in order to be fingerprinted. In addition, PSI charges a \$15 fee to process your fingerprints. This fee must be paid with VISA, MasterCard, company check, money order or cashier's check directly to PSI at the testing center.
- **You may view the status of your application on our website at www.insurance.pa.gov/licensees. Once your registration has been issued, you may obtain your registration number and print your registration certificate from our website.**

Overview of Fees

- Navigator or exchange assister registration application fee = \$1.00
- Fingerprinting processing fee = \$27.75 (\$12.75 for the FBI and \$15 for the PA State Police)
- Live Scan fingerprinting service fee (charged by PSI – see instructions above for details) = \$15



**NAVIGATOR OR EXCHANGE ASSISTER
INDIVIDUAL REGISTRATION APPLICATION**

**APPLICATION FEE - \$1.00
FINGERPRINTING PROCESSING FEE - \$27.75
MAKE CHECK(S) PAYABLE TO COMMONWEALTH OF PA**

(Please Print or Type)

Social Security Number		Date of Birth (month) _____ (day) _____ (year) _____			
Last Name		First Name		Middle Name	Jr./Sr. etc.
Residence/Home Address (Physical Street)		P.O. Box	City	State	Zip or Foreign Country
Home Phone Number () -	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)			
ALL APPLICANTS ARE REQUIRED TO BE FINGERPRINTED AT A PSI TESTING CENTER IN PENNSYLVANIA.					
Business Address (Physical Street)	P.O. Box	City		State	Zip or Foreign Country
Business Phone Number () -	Business Fax Number () -	Business E-Mail Address		Business Web Site Address	

List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.

Type of registration requested

Check box below for registration requested:

- Navigator
- Exchange Assister

Employment History

Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	

Background Information

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever 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, provide certified court records as to the type of charge (i.e. felony), basis of charge and outcome or sentence.) Yes No

2. Have you ever been subject to an administrative action, penalized or fined, had an insurance license, registration or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? (If yes, provide a full explanation on a separate sheet of paper.) Yes No

3. Have you ever failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? Yes No
If you answer yes, identify the jurisdiction(s): _____

4. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) certified copies of all relevant documents.

6. Have you ever failed to comply with an administrative or court order imposing a child support obligation? Yes No

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license/registration revocation or denial of the license/registration and may subject me to civil or criminal penalties.
- I further certify that I grant permission to the Insurance Commissioner, or other appropriate party to verify information with any federal, state or local government agency, current or former employer, or insurance company. I authorize the release of any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the persons providing information from any and all liability of whatever nature by reason of furnishing such information.
- I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- I acknowledge that I understand and will comply with the insurance laws and regulations of Pennsylvania.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)