

Name: _____ Registration# _____

**COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT
NAVIGATOR AND EXCHANGE ASSISTER INDIVIDUAL REGISTRATION RENEWAL FORM**

Process your renewal online in minutes on or before your license expiration date. Access these online services at www.sircon.com/pennsylvania or www.nipr.com. **DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.** If you must mail in your renewal, submit the completed form and \$1.00 renewal fee, payable to the Commonwealth of PA, to the address listed at the bottom of this form. Please allow 2 to 4 weeks for processing.

Print a copy of your renewed registration certificate the next business day 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 Unit 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 Unit 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 Unit 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 Unit at ra-in-compliance@pa.gov)**

DO NOT SUBMIT DOCUMENTS WITH THIS FORM OTHER THAN YOUR PAYMENT.

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 registration or 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 (**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 EMAIL CHANGES TO
RA-IN-PRODUCER@PA.GOV**

**THE ADDRESS BELOW IS A LOCKBOX USED FOR RENEWAL PROCESSING ONLY. DO NOT MAIL
ANY OTHER CORRESPONDENCE TO THIS ADDRESS**

Pennsylvania Insurance Department
Bureau of Licensing and Enforcement
P.O. Box 67330
Harrisburg, PA 17106-7330

Make checks payable to: Commonwealth of PA