

PA License Number: _____ SSN _____

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

For fastest processing, submit your renewal online at www.nipr.com or www.sircon.com/pennsylvania. Print your renewed license within 24 hours from the Department's website at www.insurance.pa.gov/licensees. **DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.** All license fees are non-refundable.

If you mail your renewal, please allow up to four weeks for processing. **WE NO LONGER MAIL LICENSES.** Print a copy of your renewed license from our web site at www.insurance.pa.gov/licensees.

If it is more than 60 days past the expiration date of your license, reapplication is required. Please email the Department at ra-in-producer@pa.gov for reapplication instructions.

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

PLEASE PROCESS ADDRESS CHANGES ONLINE AT WWW.NIPR.COM OR WWW.SIRCON.COM/PENNSYLVANIA.

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

Make checks payable to: Commonwealth of PA