



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 EXCHANGE ASSISTER REGISTRATION - PAPER PROCESS

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

- Complete the attached registration application and submit the completed application and specified fee to the Department. **You must also submit a copy of the official certificate provided by HHS showing the exchange assister's unique ID number.**
- 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 must include the \$1.00 application fee with your application – check or money order, payable to the Commonwealth of PA. Cash payment is not accepted.
- **Fingerprinting is required of all initial applicants for an individual exchange assister registration and must be completed at an IdentoGO enrollment center.** To pre-register and schedule a fingerprinting appointment online, go to <https://uenroll.identogo.com> – enter service code **1KG8Q3**. To pre-register and schedule an appointment via telephone, please call 844-321-2101 Monday through Friday, 8 A.M. to 6 P.M. EST.
- The total fingerprinting fee is \$23.85. Payment is made at the IdentoGO center after the applicant's fingerprints have been submitted. Credit card, debit card, certified check or money order, are the only payment methods accepted. No cash transactions or personal checks will be accepted.
- **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

- Exchange assister registration application fee = \$1.00
- Fingerprinting processing fees = \$23.85 – will be paid at the time of fingerprint submission at an IdentoGO center



**EXCHANGE ASSISTER
INDIVIDUAL REGISTRATION APPLICATION**

**APPLICATION FEE - \$1.00
MAKE CHECK OR MONEY ORDER 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 AN IDENTOGO ENROLLMENT CENTER. TO PRE-REGISTER AND SCHEDULE AN APPOINTMENT, GO TO [HTTPS://UENROLL.IDENTOGO.COM](https://uenroll.identogo.com) – ENTER SERVICE CODE 1KG8Q3

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:

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	Month	From Year	To Month	Year	Position Held

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:

1. 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.
2. 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.
3. 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.
4. 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)