



NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
LICENSING SERVICES BUREAU
Continuing Education Program
 One Commerce Plaza
 Albany, New York 12257

FOR DEPARTMENT USE ONLY

Approval No.: _____

Examined By: _____

Date Approved: _____

AFFILIATE APPLICATION

1. Please provide the following information:

Name of Affiliate		Taxpayer I.D. Number*	
Address Number and Street (Required)			P.O. Box (if any)
City, Town or Village	County	State	Zip Code

2. List all officers, directors, partners or members and give information requested below:

(A) Name Last	First	M.I.	Title		Director Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth		Social Security Number *		
No. and Street (Required)		P.O. Box (If any)	City, Town or Village		State	Zip Code

(B) Name Last	First	M.I.	Title		Director Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth		Social Security Number *		
No. and Street (Required) any		P.O. Box (If any)	City, Town or Village		State	Zip Code

(C) Name Last	First	M.I.	Title		Director Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth		Social Security Number *		
No. and Street (Required) any		P.O. Box (If any)	City, Town or Village		State	Zip Code

* See Privacy Notification on Page 3.

(Attach additional sheets, if necessary)

3. Identify all owners with at least 10% interest or voting interest of the business entity:

Name	SSN/FEIN	Date of Birth	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Are any of the individuals of the business entity under obligation to pay child support?

_____ Yes or No

If "YES," attach signed Child Support Obligation Form for each individual under such obligation.

5. The Applicant must read the following very carefully and answer every question.:

a Has the business entity or any officer/director/partner/member/manager of the business entity been convicted of a crime, or is currently charged with committing a crime, or had a judgment withheld or deferred which has not been previously reported to this state?

_____ Yes or No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

b Has the business entity or any officer/director/partner/member/manager of the business entity been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration which has not been previously reported to this state?

_____ Yes or No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action..

"Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license.

"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

c Since execution and filing of its last application has any demand been made or judgment rendered against the business entity or any officer/director/partner/member/manager for overdue monies by an insurer, insured or producer, or been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.

_____ Yes or No

d Since execution and filing of its last application has the business entity or any officer/director/partner/member/manager been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

_____ Yes or No

e Since execution and filing of its last application is the business entity or any officer/director/partner/member/manager a party to, or 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 or No

f Since execution and filing of its last application has the business entity or any officer/director/partner/member/ manager had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes or No

6. Does this Affiliate have an agreement to act under the auspices of any other Continuing Education Provider Organization ?

Yes or No

If "YES," list Provider Organization name(s) and Approval Number(s) below:

Name of Provider Organization

Approval Number

Name of Provider Organization

Approval Number

Under the penalties of perjury (I) or (we) affirm that the information given in the foregoing application is true and hereby subscribe thereto.

I have read the Department's Continuing Education Criteria and will comply.

I have attached a copy of the written agreement between the Provider Organization and the Affiliate.

**Signature of Affiliate Officer, Director,
Partner or Member**

Date

Print or Type Above Name

Affiliate Email Address

Affiliate Telephone Number

Affiliate Fax Number

Affiliate Website URL(www.)

Under the following conditions the Provider Organization must notify the Department immediately, in writing:

- a. If this affiliation ceases for any reason whatsoever, or
- b. If any of the information on this application changes.

Provider Organization Name

Approval Number

Signature of Provider Organization Designated Person

Date

Provider Organization Telephone Number

Print or Type Above Name

The Provider Organization may **NOT** conduct business with the Affiliate until the Affiliate Approval Document has been issued by this Department.

• * **CHILD SUPPORT NOTIFICATION** * * *

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to § 11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under § 175.35 of the Penal Law.

* * * **PRIVACY NOTIFICATION** * * *

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

CHILD SUPPORT OBLIGATION FORM

Name of Entity on Application (Please Print)

License Number

Name of Individual (Please Print)

Date of Birth

Social Security Number

Are you under obligation to pay child support?	YES	NO
	<input type="radio"/>	<input type="radio"/>
If "YES," (a) Are you current or less than four (4) months in arrears?	<input type="radio"/>	<input type="radio"/>
(b) Are you paying by income execution plan agreed to by courts or parties	<input type="radio"/>	<input type="radio"/>
(c) Is the obligation subject of pending court proceeding?	<input type="radio"/>	<input type="radio"/>
(d) Are you receiving public assistance or supplemental security income?	<input type="radio"/>	<input type="radio"/>

If answer to the question regarding obligation to pay child support is "YES," one of the answers to (a)-(d) must be "YES" or license will expire six (6) months from the effective date of this license unless you notify the Department by that time which answer has changed to "YES."

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including, but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under the penalties of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

Printed Name of Applicant

Signature

Date