New York State Department of Financial Services
INSTRUCTIONS FOR IA (INDEPENDENT ADJUSTER) APPLICANT

"Resident" -one who has either a resident or business address in NYS
"Non-Resident" - one who has neither a resident nor a business address in NYS

SUBMISSION CODES							FEE	
CODE	DESCRIPTION OF LICENSE	INS LAW SECTION	RESIDENT & NON-RESIDENT	EXEMPT FROM #3 (EXAM)	OTHER REQUIREMENTS	LICENSING PERIOD	FULL	HALF
IA	Independent Adjuster	2108	1 - 7	One qualified by NYS examination who was licensed as IA within last 2 years. If applying for **Federal Multi Peril Crop**, proof of accreditation from the federal Crop Adjuster Proficiency Program must be submitted	Never been convicted of felony or any crime or offense involving fraudulent or dishonest practices. Exception is a person who subsequent to his or her conviction has received a certificate of good conduct granted by the Board of Parole pursuant to the provisions of the Executive Law.	2 yrs--1/1 odd year to 12/31 even year	$100	$50

CODE	SUBMISSION REQUIREMENTS
1	Application. Download from this Department's website @ www.dfs.ny.gov
2	LICENSING FEE -- See "Fee" columns. **Full fees** are charged during the first year of a licensing period; **half fees** are charged during the second year. Partnership, corporation, limited liability company fee is per sub-licensee. Make check payable to "Superintendent of Financial Services." $20 will be charged for each check dishonored by the bank.
3	Original passed score report for NYS exam taken within 2 years unless "exempt from #3" above. Call Prometric* for examination information.
4	Bond in the amount of $1,000 to cover the licensing period.
5	Fingerprinting - all applicants with an address in New York State **MUST** be electronically fingerprinted with IdentoGO by MorphoTrust USA: www.Identogo.com; fingerprint cards will **NOT** be accepted from any applicant with an address in New York State; proof of fingerprinting must be submitted with the application. Applicants with no address in New York State and unable to go to an electronic fingerprinting site in New York State must submit the fingerprint card and fingerprint fee with the licensing application and licensing fee. Fingerprinting fee is **$87.00 (check made payable to MorphoTrust USA)** ($75 for DCJS plus $12.00 for fingerprinting processing). **ADDITIONAL FINGERPRINTING INFORMATION AND FINGERPRINTING FORMS ARE ATTACHED**.
6	5 Certificates of Character for each licensee or each sub-licensee. The Certificates of Character must be executed the same date or AFTER the execution date of the application to which they are attached.
7	Proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that applicant obtain name approval for use of the name in the insurance industry from this Department before filing the name with a County Clerk office or the New York State Department of State. You may submit a list of proposed names in the order of preference to New York State Department of Financial Services, Licensing Bureau, One Commerce Plaza, Albany, NY 12257 or to our e-mail address, **licensing@dfs.ny.gov** Once a name is approved, licensing instructions will be provided.

***Prometric, Inc., NY Insurance Exam Registration, 7941 Corporate Drive, Nottingham, MD 21236, Telephone 800-324-7147**
www.prometric.com/newyork/ins

- **All information must be provided, all questions must be answered and requested attachments must be included or the application cannot be accepted.**
- **Include residence, business AND mailing addresses even if they are the same.**

Please retain this instruction sheet for your information.

www.dfs.ny.gov

1/2016

INDIVIDUAL FORM
ORIGINAL/RELICENSING

FOR DEPARTMENT USE ONLY

License No. IA-_____

Ex. By_____App. By_____

Exam Date_____Date Issued_____

Bond to AG_____Rec'd_____

FP to DCJS_____Rec'd_____

Record Code_____Destroyed_____

_____Original…….._____Relicensing

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
Attention: Licensing Bureau
One Commerce Plaza, Albany, NY 12257
www.dfs.ny.gov
APPLICATION FOR INDEPENDENT ADJUSTER'S LICENSE UNDER SECTION 2108 OF THE INSURANCE LAW

1.

Name of Applicant Last		First			M.I.
*Social Security Number	If assigned, National Producer Number (NPN)		Date of Birth	Gender M____ F____	
Trade Name (Sole Proprietorship)					
c/o if any (pertaining to Principal Insurance Business Address)				Telephone Number	
Principal Insurance Business Address: No. & Street (required)	P.O. Box, if any	City/Town/Village	County	State/Country	Zip Code
Residence: No. and Street (required)	P.O. Box, if any	City/Town/ Village	County	State/Country	Zip Code
Mailing Address: (required)(Indicate if same as Bus or Res)	P.O. Box, if any	City/Town/Village	County	State/Country	Zip Code

(This Department must be notified within 30 days if any address changes.)

2. Are you under obligation to pay child support?…….....…….……..……...…….....…….._____
Yes or No

If "Yes,"
(a) Are you current or less than 4 months in arrears? …….....….…….....……..…….…….._____
Yes or No

(b) Are you paying by income execution plan agreed to by courts or parties?.....….....…….…….._____
Yes or No

(c) Is the obligation the subject of pending court proceeding?.....……..._____
Yes or No

(d) Are you receiving public assistance or supplemental income?.....….....…….....……..._____
Yes or No

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 6 months from its effective date unless you notify the Department by that time which answer has changed to "Yes."

*See Privacy Notification on Page 3

IAINDOrig(Rev.09/15)

3. If any of the following questions are answered "YES," an explanation must be attached.

(a) Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?....._____
Yes or No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

(b) Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?....._____
Yes or No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

(c) Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?....._____
Yes or No

NOTE: for questions a, b, and c **"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 no contest, or having been given probation, a suspended sentence or a fine.

(d) Have you ever been named or involved as a party in an administrative proceeding including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?....._____
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, sanctioned 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, or registration. "Involved" also means having a license, or registration 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.

(e) Has any demand been made or judgment rendered against you, or any business in which you are or were an owner, partner, officer, director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others....._____
Yes or No

(f) Have you 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

If you answer yes, identify the jurisdiction(s): _____

(g) Are you currently a party to, or have you ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?.._____
Yes or No

(h) Have you or any business in which you are or were an owner, partner, officer, director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?....._____
Yes or No

RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.

4. Since expiration of your last authority, have you transacted business in New York State for the license you are applying for in this application?....._____
Yes or No

****Attestation and Signature required on page 3**

Applicant 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 revocation or denial of the license and may subject me to civil or criminal penalties.
- Where required by law, I hereby designate the Superintendent of Financial Services to be my agent for service of process regarding all insurance matters in New York State and agree that service upon the Superintendent is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Superintendent of Financial Services to verify any information supplied with any federal, state or municipal government agency, current or former employer, or insurance company.
- The New York State Superintendent of Financial Services is hereby authorized to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and I release any person acting on the Superintendent's behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and will comply with the New York Insurance Laws and regulations promulgated thereunder.

Dated _____ 20 _____

_____
Applicant Signature (Must be Original Signature)

Telephone No. _____

E-Mail Address_____

_____
Applicant Name (Printed or Typed)

URL/Website Address_____

* 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.

CERTIFICATES OF CHARACTER

Five persons must vouch in their own handwriting for the character of an applicant for an independent adjuster's license under Section 2108 of the Insurance Law; they must be citizens of at least eighteen (18) years of age, of good character and standing in the community where they reside, and must have known applicant personally for at least five (5) years. They should be well acquainted with the experience, ability, and character of the applicant, as they may be required to give further information. **Each affidavit must be executed the same date or after the date of execution of the application to which it is to be attached. Original signatures are required.**

AFFIDAVIT

This is to certify that I reside at _____
Street and Number City, Town or Village State Zip Code

and transact business from_____
Street and Number City, Town or Village State Zip Code

I have known_____**, applicant, for** _____ **years; that I have read the**
Name of Applicant (at least five (5) years)

annexed application for an Independent Adjuster's license executed by said applicant and believe all the statements made therein to be true and that said applicant is honest, of good character, and competent; and that I am not related to the applicant by blood or marriage.

Under the penalties of perjury, I affirm that the statements made in the foregoing affidavit are true and hereby subscribe thereto.

_____ _____
Telephone Number **Email Address**

_____ _____
Date **Signature**

AFFIDAVIT

This is to certify that I reside at _____
Street and Number City, Town or Village State Zip Code

and transact business from_____
Street and Number City, Town or Village State Zip Code

I have known_____**, applicant, for** _____ **years; that I have read the**
Name of Applicant (at least five (5) years)

annexed application for an Independent Adjuster's license executed by said applicant and believe all the statements made therein to be true and that said applicant is honest, of good character, and competent; and that I am not related to the applicant by blood or marriage.

Under the penalties of perjury, I affirm that the statements made in the foregoing affidavit are true and hereby subscribe thereto.

_____ _____
Telephone Number **Email Address**

_____ _____
Date **Signature**

AFFIDAVIT

This is to certify that I reside at _____
Street and Number City, Town or Village State Zip Code

and transact business from_____
Street and Number City, Town or Village State Zip Code

I have known_____, applicant, for _____ years; that I have read the
Name of Applicant (at least five (5) years)

annexed application for an Independent Adjuster's license executed by said applicant and believe all the statements made therein to be true and that said applicant is honest, of good character, and competent; and that I am not related to the applicant by blood or marriage.

Under the penalties of perjury, I affirm that the statements made in the foregoing affidavit are true and hereby subscribe thereto.

_____ _____
Telephone Number **Email Address**

_____ _____
Date **Signature**

AFFIDAVIT

This is to certify that I reside at _____
Street and Number City, Town or Village State Zip Code

and transact business from_____
Street and Number City, Town or Village State Zip Code

I have known_____, applicant, for _____ years; that I have read the
Name of Applicant (at least five (5) years)

annexed application for an Independent Adjuster's license executed by said applicant and believe all the statements made therein to be true and that said applicant is honest, of good character, and competent; and that I am not related to the applicant by blood or marriage.

Under the penalties of perjury, I affirm that the statements made in the foregoing affidavit are true and hereby subscribe thereto.

_____ _____
Telephone Number **Email Address**

_____ _____
Date **Signature**

AFFIDAVIT

This is to certify that I reside at _____
Street and Number City, Town or Village State Zip Code

and transact business from_____
Street and Number City, Town or Village State Zip Code

I have known_____, applicant, for _____ years; that I have read the
Name of Applicant (at least five (5) years)

annexed application for an Independent Adjuster's license executed by said applicant and believe all the statements made therein to be true and that said applicant is honest, of good character, and competent; and that I am not related to the applicant by blood or marriage.

Under the penalties of perjury, I affirm that the statements made in the foregoing affidavit are true and hereby subscribe thereto.

_____ _____
Telephone Number **Email Address**

_____ _____
Date **Signature**

ADJUSTER BOND INSTRUCTIONS

The Name on the Bond must agree with the name of the applicant.

Bond must be in the amount of $1,000.

Bond must be effective for the current licensing period.

Bond must be signed by Principal and the Attorney-In-Fact.

There must be an Acknowledgement completed and notarized on behalf of the Principal and a Surety Acknowledgement completed and notarized on behalf of the Attorney-in-Fact.

The surety and principal/corporate acknowledgements must be dated the same date or after the date of the bond.

There must be a Power of Attorney page. The Attorney-In-Fact must be listed in the Power of Attorney.

The date of the Power of Attorney must be the same date or after the date of the Surety Acknowledgment.

SAMPLE ADJUSTER'S BOND

BOND NO. _____ **$1,000**

KNOW ALL MEN BY THESE PRESENTS

THAT_____ of _____

as Principal, and _____ , as Surety are held and firmly bound unto the PEOPLE OF THE STATE OF NEW YORK in the penal sum of ONE THOUSAND DOLLARS ($1,000), for the payment of which sum the said Principal and Surety bind themselves, their legal representatives, successors and assigns, jointly and severally, by these presents.

Signed, sealed, and dated this _____ day of _____, 20 _____.

WHEREAS, pursuant to Section 2108 of the Insurance Law of the State of New York, amended, said Principal has made or is about to make application to the Superintendent of Financial Services of the State of New York for a license to transact business as (A PUBLIC) (AN INDEPENDENT) Adjuster for the term beginning on or after _____ , 20 _____ and expiring December 31, 20 _____; and

WHEREAS, pursuant to said Section 2108 of the Insurance Law, the Principal has made, or may, if a firm, association, or corporation, make application to have certain individuals named in said license as sub-licensees; and

WHEREAS, under said Section 2108 of the Insurance Law, such a license may not be issued unless a bond as therein conditioned is filed with the Superintendent of Financial Services.

NOW, THEREFORE, the condition of this bond is such that if the Principal and all sub-licensees named in the (PUBLIC) (INDEPENDENT) Adjuster's license issued to the Principal for the term as aforesaid shall, during said term, faithfully perform their duties as (PUBLIC) (INDEPENDENT) Adjuster, then this bond shall be null and void; otherwise to remain in full force and virtue.

Recovery of the penal sum of this bond by the PEOPLE OF THE STATE OF NEW YORK is specifically authorized in case the (PUBLIC) (INDEPENDENT) Adjuster, or any sub-licensee, shall have been guilty of fraudulent or dishonest practices in connection with the transaction of his or its business as (A PUBLIC) (AN INDEPENDENT) Adjuster during the license period for which this bond is issued or shall have been convicted under any of the Sections contained in Article 150 of the Penal Law for an offense or offenses committed during such license period.

This bond is subject to any and all Regulations newly promulgated after the effective date of the bond.

_____
Principal's Signature (L.S.)

_____
Surety's Signature (L.S.)

By _____

(Acknowledged by Surety and Principal)

Each bond must include a Power of Attorney, a completed Surety Acknowledgement and a completed Principal Acknowledgement. (See samples on reverse side.) Signatures of the principals on the Power of Attorney and acknowledgements cannot be be dated prior to the date of the bond

NOTE: BOND MUST SPECIFY EITHER INDEPENDENT <u>OR</u> PUBLIC ADJUSTER

SAMPLE ACKNOWLEDGEMENTS

SURETY ACKNOWLEDGEMENT

State of _____
County of _____

On _____, before me personally came _____
to me known who being by me duly sworn did depose and say that he/she resides in _____
_____,
that he/she is Attorney-in-Fact of _____,
the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order; and the affiant did further depose and say that the Superintendent of Financial Services of the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York, issued to_____
his/her certificate of qualification, evidencing the qualification of said Company and its sufficiency under any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it as such; and that such certificate has not been revoked.

_____
Notary Public

To be completed when the applicant is an individual, partnership, or limited liability company:

PRINCIPAL'S ACKNOWLEDGEMENT - IF INDIVIDUAL, PARTNERSHIP OR LIMITED LIABILITY COMPANY

State of _____
County of _____

On _____, before me personally appeared _____
to me known to be (the individual) (one of the members of _____)
described in and who executed the within instrument, and he/she thereupon duly acknowledged to me that he/she executed the same (as the act and deed of said partnership or limited liability company).

_____
Notary Public

To be completed when the applicant is a corporation:

CORPORATION ACKNOWLEDGEMENT

State of _____
County of _____

On _____, before me personally came _____
to me known, who being by me duly sworn, did depose and say; that he/she resides in _____
_____, that he/she is
the_____ of _____
_____, the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order.

_____
Notary Public

NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

FINGERPRINTING PROCESS/PROCEDURE

The New York State Division of Criminal Justice Services (DCJS) has a contractual agreement with MorphoTrust USA to provide electronic fingerprint processing services on a statewide basis for all individuals requiring a criminal background check.

New York State Department of Financial Services applicants with an address in New York State are required to be electronically fingerprinted by MorphoTrust USA. Contact MorphoTrust USA at 877-472-6915 **or** www.Identogo.com for electronic fingerprinting. Please refer to the attached document for the information which must be furnished at the time of your electronic fingerprinting appointment.

Card scanned fingerprints will not be accepted from any applicant with any address in New York. Any application bearing an address in New York State submitted with fingerprint cards will be rejected. Applications must be submitted with proof of being electronically fingerprinted through IdentoGO by MorphoTrust USA.

Applicants who do not have any address in New York State and are unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York (for list of locations go to www.Identogo.com) may send the New York fingerprint cards to this Department with their application, fees, and the NYS Request for Card Scan Services - Information Form (form NYSIDCSFP), attached. **NOTE** – only the fingerprint cards furnished to the applicant by the New York State Department of Financial Services can be used; out of state fingerprint cards are not acceptable and will be returned. Applications received without the NYS Request for Card Scan Services - Information Form fully completed and signed will be rejected. **The identifying information entered on the fingerprint card MUST be exactly the same identifying information provided on the Information Form; if not the application will be returned.**

Note – Fingerprinting is required for all adjuster, bail bond/charitable bail*, and life settlement provider*/intermediary*/ broker* licenses.
Fingerprinting is required for any person wishing to be an officer/director* of an insurance company.

*FBI fingerprints are also required

Fingerprint Fee for Adjusters	$ 87.00
Fingerprint Fee for Bail Bond Agents/Charitable Bail Organization	$ 99.00
Fingerprint Fee for Life Settlement Providers, Life Settlement Intermediaries, and Life Settlement Brokers	$ 99.00

Request for NYS Electronic Fingerprinting Services - Information Form

Instructions for applicant: visit www.Identogo.com or call 877-472-6915 to schedule an appointment for fingerprinting. You will be required to provide all the information on this form and bring the required forms of identification to your fingerprinting appointment.

ORI: NY921270Z

Contributor Agency: NEW YORK STATE DEPT. OF FINANCIAL SERVICES
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

[ ] Employee Applicant
[ ] Public/Independent Adjuster
[ ] Professional Bondsman/Charitable Bail Organization
[ ] Life Settlement Broker
[ ] Life Settlement Intermediary
[ ] Life Settlement Provider
[ ] Princ, Exec, Dir Ins Co (provide name of insurance company)
_____

****IMPORTANT****
If you do not have a Social Security Number, you must contact the NYS Dept. of Financial Services at 518-474-6630 or licensing@dfs.ny.gov

Applicant Section: ☐ New Submission ☐ Resubmission

Name of Applicant: _____

Alias / Maiden Name(s):_____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____Age: ____ Sex: ☐ Male ☐ Female Race: _____

Ethnicity: ☐ Hispanic ☐Non Hispanic Height: _____ft. _____in. Weight: _____lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State/Country of Birth: _____ Country of Citizenship: _____

Social Security Number_____

Request for NYS Electronic Fingerprinting Services - Information Form (CONTD)

Accepted Forms of Identification Section:

NOTE: Applicant *MUST* present two (2) forms of ID, at least one of which must have a photo (see Column A):

Column A – Valid Photo Identification:

U.S. Passport (unexpired or expired)
Permanent Resident Card
Alien Registration Receipt Card
Unexpired Foreign Passport
Driver's License or Photo ID Card
(issued by U.S. State or Territory)
School or College ID Card (with photo)
Unexpired Employment Authorization
with photo (Form I-766, I-688, I688A or B)
Photo ID Card issued by federal, state, or local govt.

Column B – Valid Supplementary Identification:

Voter registration card
U.S. Military card or draft card
Military dependent's ID card
Coast Guard Merchant Mariner Card
Native American Tribal Document
Canadian Driver's License
U.S. Social Security Card
Original or certified copy of a Birth Certificate issued
by authorized U.S. agency with official seal
Certification of Birth Abroad (issued by U.S. Department
of State)
U.S. Citizen Id Card (Form l-197)

Enrollment website address: www.Identogo.com

Call Center phone number: 877-472-6915

NYS Request for Card Scan Services - Information Form

This form is for an applicant who has no address in New York and unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York (list of locations @ www.Identogo.com)

This form must be completed and signed for submission with application AND fingerprint cards; all identifying information must match or will be returned with application packet.

Please Print Clearly

Contributor Agency Section:

ORI: NY921270Z

Contributor Agency: NEW YORK STATE DEPT. OF FINANCIAL SERVICES
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

[ ] Employee Applicant
[ ] Public/Independent Adjuster
[ ] Professional Bondsman/Charitable Bail Organization
[ ] Life Settlement Broker
[ ] Life Settlement Intermediary
[ ] Life Settlement Provider
[ ] Princ, Exec, Dir Ins Co (provide name of insurance company)
_____

Applicant Section: ☐ New Submission ☐ Resubmission

Name of Applicant: _____ _____ _____
Last First Middle

Alias / Maiden Name(s): _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female Race: _____

Ethnicity: ☐ Hispanic ☐Non Hispanic Height: _____ft. _____in. Weight: _____lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State / Country of Birth: _____ Country of Citizenship: _____

Social Security Number_____

Applicant Affirmation Section:

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

Applicant Signature: _____**Date:** _____

Payment Section:

- Payment for Cardscan submission must be made separate from your payment for license fee application.
  - Licensing Fee - check is made payable to Superintendent of Financial Services
  - Fingerprint Fee is made payable to MorphoTrust USA

  Fingerprint Fees – DCJS fee + MorphoTrust USA Fee = $87.00
  DCJS fee + FBI Fee + MorphoTrust USA Fee = $99.00
- Payment for Princ, Exec, Dir Ins Co (officer/director) should be made payable to MorphoTrust USA.
  - DCJS fee + FBI Fee + MorphoTrust USA Fee = $99.00
- Options include: Personal or business check, certified check, bank check, money order, credit card, or Escrow Account with Morpho Trust USA. Escrow Account number will be required. If paying with a 3rd party check, clearly print the applicant's name at the top of the check.

_____Check or money order (payable to "MorphoTrust USA") Check Number: _____

_____Escrow Account with Morpho Trust USA Escrow Account Number:_____

Credit Card: _____Visa _____Master Card _____American Express _____Discover

NOTE: credit card must have U.S. billing address

Credit Card Number: _____ Expiration Date:_____

Mailing Instructions: Please mail this form, your fingerprint card, payment and full application packet to the Department of Financial Services, to the address below.

Please make sure you have signed the applicant affirmation section of this form.

NYS Department of Financial Services – Insurance Division
Licensing
One Commerce Plaza
Albany, NY 12257

The NYS Dept. of Financial Services will submit payment and fingerprint cards directly to MorphoTrust USA.