

## **INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC.**

The names of all corporations, partnerships, limited liability companies and trade names must receive prior approval from the Department of Financial Services for use in New York. Name changes for entities must also receive prior approval. The name must first be submitted to the Department for consideration, and either approval or disapproval will be forwarded in writing, along with the appropriate licensing application and/or instructions. After receiving Department approval, follow the instructions below and on the application.

**PLEASE NOTE: THE LICENSEE CAN ONLY DO BUSINESS IN THE NAME IN WHICH HE/SHE OR IT IS LICENSED.**

### **INDIVIDUAL TRADE NAMES**

**RESIDENTS** - you must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

**NON-RESIDENTS** – must be currently licensed and in compliance in your declared home state.

**NOTE:** Your license information **MUST** be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.

### **ENTITY TRADE NAMES**

**RESIDENT AND NON-RESIDENTS** - must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing the assumed name with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231.

### **CORPORATIONS**

**RESIDENTS and NON-RESIDENTS** – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231. We also require a copy of your Articles of Incorporation or Charter attached to your application.

**NON-RESIDENTS** - must be currently licensed in the corporate name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

## **INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC. (CONT'D)**

### **LIMITED LIABILITY COMPANIES**

**RESIDENTS AND NON-RESIDENTS** must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231. We also require a copy of your Articles of Organization attached to your application.

**NON-RESIDENTS** - must be currently licensed in the limited liability name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

### **PARTNERSHIPS**

**RESIDENTS** - You must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

**NON-RESIDENTS** – must be currently licensed in the partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

### **LIMITED PARTNERSHIPS**

**RESIDENTS and NON-RESIDENTS** – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231.

**NON-RESIDENTS** - must be currently licensed in the limited partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

**THE LICENSEE CAN ONLY DO BUSINESS IN THE NAME IN WHICH HE/SHE OR IT IS LICENSED.**

**NAME CHANGES FOR ENTITIES MUST INCLUDE AMENDED FILING RECEIPTS OR BUSINESS CERTIFICATES AND THE RETURN OF ALL LICENSES IN THE PREVIOUS NAME.**

**New York State Department of Financial Services  
INSTRUCTIONS FOR PA (PUBLIC 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

CODE	DESCRIPTION OF LICENSE	INS/LAW SECTION	SUBMISSION CODES			LICENSING PERIOD	FEE	
			RESIDENT AND NON-RESIDENT	EXEMPT FROM #3 (EXAM)	OTHER REQUIREMENTS		FULL	HALF
<b>PA</b>	Public Adjuster	2108	1 - 8	One qualified by examination who was licensed as PA within last 2 years	Never been convicted of felony or any crime or offence 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 of odd numbered years to 12/31 of even numbered years.]	\$100	\$50
<b>CODE</b>	<b>SUBMISSION REQUIREMENTS</b>							
<b>1</b>	Application. Download from this Department’s website @ <a href="http://www.dfs.ny.gov">www.dfs.ny.gov</a>							
<b>2</b>	<u>LICENSING FEE</u> -- See “Fee” columns. <b>Full fees</b> are charged during the first year of a licensing period; <b>half fees</b> 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.							
<b>3</b>	Original passed score report for exam taken within 2 years unless “exempt from #3” above. Call Prometric* for examination information. A first time applicant must also submit either (1) school certificate from a New York approved Prelicensing Course Provider or (2) the New York State Dept. of Financial Services Licensing Bureau Statement of Employer form attesting that the applicant has been regularly employed by a licensed insurance company for not less than 1 year during the 3 years preceding the date of application, and has been employed in responsible insurance duties relating to the involvement of sales, underwriting or claims. The Statement of Employer must be signed and attached to the application upon submission.							
<b>4</b>	Bond in the amount of \$1,000 to cover the licensing period.							
<b>5</b>	Fingerprinting - all applicants with an address in New York State <b>MUST</b> be electronically fingerprinted with Identogo by MorphoTrust USA: <a href="http://www.Indentogo.com">www.Indentogo.com</a> ; fingerprint cards will <b>NOT</b> 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 <b>\$87.00 (check made payable to MorphoTrust USA)</b> (\$75 for DCJS plus \$12.00 for fingerprinting processing). <b>ADDITIONAL FINGERPRINTING INFORMATION AND FINGERPRINTING FORMS ARE ATTACHED.</b>							
<b>6</b>	<b>If Relicensing</b> - Proof of accumulation of Continuing Education credits if such proof was required had the last license been renewed and the \$10.00 Continuing Education filing fee unless applying under #3.							
<b>7</b>	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.							
<b>8</b>	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 Dept. of Financial Services, One Commerce Plaza, Albany, NY 12257 or to our e-mail address, <a href="mailto:licensing@dfs.ny.gov">licensing@dfs.ny.gov</a> . 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](http://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.**

**ENTITY FORM  
ORIGINAL/RELICENSING**

**NEW YORK STATE DEPT. OF FINANCIAL SERVICES**

Attention: Licensing Bureau  
One Commerce Plaza  
Albany, New York 12257

**APPLICATION FOR PUBLIC ADJUSTER'S LICENSE UNDER  
SECTION 2108 OF THE INSURANCE LAW**

www.dfs.ny.gov

**FOR DEPT USE ONLY**

License No. PA-.....
Ex. By.....App. By.....
Exam Date.....Date Issued.....
Bond to AG.....Rec'd.....
FP to DCJS.....Rec'd.....
Record Code.....Destroyed.....
Original.....Relicensing.....

1. Name of applicant _____				
Entity Name in Full			Fed. Employer ID No.*	
Principal business address (Required) _____				
Street and number (Required)			P.O. Box (if any)	
City, Town or Village		County	State	Zip Code
Mailing Address (Required)(Indicate if Same as Business) _____				
Street and number			P.O. Box (if any)	
City, Town or Village		County	State	Zip Code

(If either address changes, this Department must be notified in writing immediately.)

2. Indicate if your entity is a \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership\* \_\_\_\_\_ Limited Liability Company  
\*If Partnership – at least 2 partners/members are required

3. List all officers/directors/partners/members/managers and give information requested below. If sub-licensee/designated responsible person, check box(es) at the right. Only officers/directors/partners/members/managers may be sub-licensees/designated responsible persons; employees are not eligible.

(a) Name (Last, First, M.I.)	Title	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required)	P. O. Box (If any)	City	State	Zip Code
				Sub-licensee/Designated Responsible Person? Yes_____ No_____

(b) Name (Last, First, M.I.)	Title	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required)	P. O. Box (If any)	City	State	Zip Code
				Sub-licensee/Designated Responsible Person? Yes_____ No_____

(c) Name (Last, First, M.I.)	Title	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required)	P. O. Box (If any)	City	State	Zip Code
				Sub-licensee/Designated Responsible Person? Yes_____ No_____



**7. (CONTD.)**

- (e) Is the business entity or any officer/director/partner/member/manager named in 3 or 4 a party to, or 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
- (f) Has the business entity or any officer/director/partner/member/manager named in 3 or 4 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... \_\_\_\_\_  
Yes or No

**8. RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.**

Since expiration of its last authority, has this entity transacted business in New York State for the license being applied for in this application?..... \_\_\_\_\_  
Yes or No

**Applicant Certification and Attestation**

The undersigned Sub-licensees/Designated Responsible Person(s) hereby certifies, under penalty of perjury that:

- ◆ All of the information submitted in this application and attachments is true and complete and (I am) or (We are) aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me/us and the business entity to civil or criminal penalties.
- ◆ Where required by law, the business entity hereby designates the Commissioner, Director, or Superintendent of Financial Services, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director, or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- ◆ The business entity grants permission to the Commissioner, Director, or Superintendent of Financial Services in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- ◆ The jurisdictions are hereby authorized to give any information they may have concerning (me) or (us) to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and the jurisdictions and any person acting on their behalf are hereby released from any and all liability of whatever nature by reason of furnishing such information.
- ◆ It is acknowledged that (I) or (We) understand and comply with the insurance laws and regulations of the jurisdictions to which is being applied for licensure/registration.

**THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL OF THE OFFICERS AND/OR DIRECTORS NAMED AS SUB-LICENSEES/ DESIGNATED RESPONSIBLE PERSONS**

	Name of Entity
DATED _____	Signature of Sub-licensee/Designated Responsible Person
E-Mail Address: _____	Signature of Sub-licensee/Designated Responsible Person
URL WebSite: _____	Signature of Sub-licensee/Designated Responsible Person
	Signature of Sub-licensee/Designated Responsible Person
	Signature of Sub-licensee/Designated Responsible Person

**Make Check Payable to Superintendent of Financial Services**

**\* \* 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.



## 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 dated prior to the date of the bond

NOTE: BOND MUST SPECIFY EITHER INDEPENDENT OR 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



## **NOTICE TO EMPLOYER**

Before completing the Statement of Employer Form and attesting to the employee's experience, please read the following instructions to determine if the employee meets the experience requirements necessary to be exempt from the education requirements as prescribed by Section 2108 of the Insurance Law. Please note that if the experience relates to sales the applicant must have been licensed. Your signature will attest to the fact that the applicant was licensed to sell insurance.

### **THE EMPLOYEE MUST ---**

1. Be regularly employed for a minimum of one full year within the last three years. This employment may be with more than one employer. An employer must be an insurance company, insurance agent, or insurance broker.
2. Perform responsible insurance duties relating to the involvement in sales, underwriting or claims.

### **WHEN COMPLETING THE FORM**

1. Be regularly employed for a minimum of one full year within the last three years. This employment may be with more than one employer. An employer must be an insurance company, insurance agent, or insurance broker.
2. Perform responsible insurance duties relating to the involvement in sales, underwriting or claims.

### **ATTACH THE FORM TO THE APPLICATION**

1. After taking the examination, attach the completed Statement of Employer Form to the application; then send us the application.



## 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.Indentogo.com](http://www.Indentogo.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.Indentogo.com](http://www.Indentogo.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](http://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](mailto: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 I-197)

Enrollment website address: [www.identogo.com](http://www.identogo.com)

Call Center phone number: 877-472-6915



**Request for NYS Card Scan Fingerprinting Services - Information Form (CONTD)**

**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 3<sup>rd</sup> 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: \_\_\_\_\_

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**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.

**CHILD SUPPORT OBLIGATION FORM**

\_\_\_\_\_  
Name of Entity on Application (Please Print)

\_\_\_\_\_  
Name of Individual (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Are you under obligation to pay child support?

Yes    No  
   

If "yes," (a) Are you current or less than 4 months in arrears?

  

(b) Are you paying by income execution plan agreed to by courts or parties?

  

(c) Is the obligation subject of pending court proceeding?

  

(d) Are you receiving public assistance or supplemental security income?

  

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 months from the effective date of this license unless you notify the Department by that time which answer has changed to "yes."

Persons four 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 penalty 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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