Colorado Division of Insurance

UNLICENSED AGENCY OFFICER REGISTRATION/CANCELLATION FORM

Version 7

1. REGISTRATION/CANCELLATION INSTRUCTIONS

The agency must register all **unlicensed** officers, partners, and directors and report the cancellation of these registrations using this form. Two registrations\cancellations can be reported using this form. For additional registrations\cancellations, complete the Agency Information section, photocopy the form, and fill out the Registration\Cancellation section for each registration.

Please note: This form can only be submitted for unlicensed registrations. The registration/cancellation of Colorado **licensed** officers, partners, and directors must be completed online at www.sircon.com/colorado.

Return the completed form to:
Pearson VUE
3131 S. Vaughn Way, Suite 205
Aurora, CO 80014
Fax number: 303-733-9507

No Fee is required. If you have any questions regarding the completion of this form, please contact Pearson VUE at (800) 275-8247.

2. AGENCY INFORMATION

Provide the name, license number, and tax identification number of the agency. This form must be signed by authorized agency representative.

Agency Name:

(Print the agency name as it appears on the license.)

CO License Number:

Tax ID Number: -

Authorized Representative:

First Name:

Last Name

Authorized Representative Signature *Date*

3. REGISTRATION/CANCELLATION

Print the name, license number, and social security number of the unlicensed officer, partner, and director being registered to or cancelled from the agency's list of registrations. Be sure to indicate if you are adding the registration or cancelling the registration.

First Name: **M.I.**

Last Name:

CO License Number: **SSN Number:** - -

Choose One Action: ☐ **Add** Registration as Unlicensed Officer ☐ **Cancel** Registration as Unlicensed Officer

First Name: **M.I.**

Last Name:

CO License Number: **SSN Number:** - -

Choose One Action: ☐ **Add** Registration as Unlicensed Officer ☐ **Cancel** Registration as Unlicensed Officer

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