



OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 908, West Tower, Atlanta, GA 30334

Phone: 404-656-2101 ♦ Fax: 404-656-0874 ♦ Email: agents@oci.ga.gov



www.oci.ga.gov

AGENTS LICENSING

GID-103-AL 5B&\$%&

RESIDENT INSURANCE LICENSE APPLICATION

- I. [ ] LICENSE [ ] NEW TEMPORARY LICENSE [ ] TEMPORARY LICENSE RENEWAL [ ] REINSTATEMENT

II. TYPE OF LICENSE

CLASS (ES) OF INSURANCE

- [ ] AGENT [ ] LIFE, ACCIDENT & SICKNESS [ ] PROPERTY AND CASUALTY
[ ] ADJUSTER [ ] LIFE [ ] PROPERTY
[ ] COUNSELOR [ ] ACCIDENT & SICKNESS [ ] CASUALTY
[ ] CROP HAIL ADJUSTER [ ] CREDIT [ ] PERSONAL LINES
[ ] FRATERNAL AGENT [ ] VARIABLE PRODUCTS [ ] TITLE
[ ] LIMITED SUBAGENT [ ] TRAVEL TICKET [ ] WORKERS COMPENSATION (FOR ADJUSTER)
[ ] PUBLIC ADJUSTER [ ] TRAVEL ACCIDENT & SICKNESS [ ] OTHER:
[ ] SURPLUS LINES BROKER
[ ] WORKERS COMPENSATION ADJUSTER

- 1. IF APPLYING FOR TEMPORARY LICENSE: NAME OF SPONSORING INSURANCE COMPANY and NAIC COMPANY CODE
2. IF APPLYING FOR TEMPORARY LICENSE: NAME AND LICENSE NUMBER OF SUPERVISING AGENT
3. IF APPLYING FOR LIMITED SUBAGENT LICENSE: NAME AND LICENSE NUMBER OF SPONSORING AGENT
4. FULL LEGAL NAME: (FIRST) (MIDDLE) (LAST) (SUFFIX)
5. SOCIAL SECURITY NUMBER: 6. DATE OF BIRTH: 7. SEX:
8. RESIDENCE ADDRESS (PHYSICAL LOCATION): (STREET AND NUMBER REQUIRED) (CITY)
(CITY) (STATE) (ZIP) (COUNTY) (HOME TELEPHONE)
9. RESIDENCE MAILING ADDRESS (IF OTHER THAN 8): (INCLUDE P.O.BOX, RR #, CITY, STATE, ZIP CODE AND COUNTY)
10. BUSINESS ADDRESS (PHYSICAL LOCATION): (BUSINESS NAME) (SUITE NUMBER) (STREET AND NUMBER)
(CITY) (STATE) (ZIP) (COUNTY) (BUSINESS TELEPHONE)
11. BUSINESS MAILING ADDRESS: (IF OTHER THAN 10) (INCLUDE P.O.BOX, BUSINESS NAME, STREET, CITY, STATE, ZIP CODE AND COUNTY)
12. FAX NUMBER EMAIL

13. Does any insurer or general agent claim that you are indebted or had an agency contract canceled for indebtedness?
14. Have you ever been convicted of or are you currently charged with a felony?
15. Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding...
16. Have you ever been refused or had suspended or revoked an insurance license in any state?
17. Have you ever had any other administrative action instituted against you by the insurance regulatory authority of any state?



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GID-103-AL JAN2012

18.	Have you ever: A. Had any license, permit, authorization, registration, or privilege denied, refused, revoked, suspended, limited, withdrawn, or restricted . B. Had any other disciplinary action taken against you. C. Had the renewal of any license, permit, authorization, registration, or privilege refused by any authority pursuant to a disciplinary proceeding other than that of the Insurance Commissioner. D. Failed to notify the Insurance Commissioner in writing within sixty days of the occurrence of any event listed above.  If yes to any of the above, attach supplement giving full details and attach certified copies of all orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Have you ever withdrawn an application for any business or professional license granted by any licensing authority? If yes, attach supplement indicating the type of license, reason for withdrawal and the licensing authority.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Do you or will you maintain an office as an insurance agent, adjuster, counselor, limited subagent or surplus lines broker in this state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Have you ever held an insurance license issued by this department? If yes, list license type, number and last year licensed	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Have you held an insurance license of any type in any other state within the last 5 years? If yes, you must attach an original clearance letter from prior state dated within 90 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	Have you completed and attached the Citizenship Affidavit Form GID-276-EN to this application? If not, you must do so in order for this application to be processed. The form is available at www.oci.ga.gov.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION, FORM GID 103, INCLUDING ANY DOCUMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I HAVE ATTACHED ALL APPLICABLE SUPPLEMENTARY DOCUMENTS AND I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REGULATORY ACTION. I HEREBY GIVE MY PERMISSION FOR A CRIMINAL BACKGROUND INVESTIGATION.

**NOTARY  
(SEAL & SIGNATURE REQUIRED)**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_

**SPONSOR'S CERTIFICATE**

**(REQUIRED IF APPLYING FOR A TEMPORARY OR LIMITED SUBAGENT LICENSE ONLY)**

I HAVE READ THE QUESTIONS AND ANSWERS GIVEN BY THIS APPLICANT HEREIN, AND HAVE MADE A DILIGENT INQUIRY AND INVESTIGATION RELATIVE TO THIS APPLICANT'S CHARACTER, IDENTITY, RESIDENCE, EXPERIENCE AND INSTRUCTION. THE FINDINGS OF SAID INQUIRY AND INVESTIGATION ENABLE ME TO CERTIFY AS FOLLOWS:

- (1) SAID ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF;
- (2) I AM SATISFIED THAT THE APPLICANT IS TRUSTWORTHY AND QUALIFIED TO ACT AS OUR TEMPORARY AGENT OR LIMITED SUBAGENT AND TO HOLD HIMSELF OR HERSELF IN GOOD FAITH TO GENERAL PUBLIC AS SUCH TEMPORARY AGENT OR LIMITED SUBAGENT;
- (3) WE DESIRE THAT THE APPLICANT BE LICENSED AS INDICATED TO REPRESENT US IN THE STATE OF GEORGIA.

Name of insurance company if applying for temporary license or sponsoring agent if applying for limited subagent license

Print name and title of company official for temporary license or name of sponsoring agent for limited subagent

Signature of company official for temporary license or sponsoring agent for limited subagent license

The following INSTRUCTIONS (page 3 of this form) need not be printed and submitted with this application to reduce paper.



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GID-103-AL JAN2012

**INSTRUCTIONS**

**PLEASE NOTE: ALL NEW APPLICANTS, EXCLUDING ACTIVE LICENSEES AND INDIVIDUALS THAT APPLY FOR REINSTATEMENT WITHIN 6 MONTHS OF EXPIRATION DATE, SHALL BE REQUIRED TO SUBMIT ELECTRONIC FINGERPRINTS FOR A CRIMINAL BACKGROUND CHECK. THE APPLICANT SHALL BEAR THE COST FOR ELECTRONIC FINGERPRINTING. FINGERPRINTING INFORMATION CAN BE FOUND ON THE DEPARTMENT'S WEBSITE [WWW.OCI.GA.GOV](http://WWW.OCI.GA.GOV)**

**ONLINE APPLICATION SERVICES ARE AVAILABLE AT [WWW.SIRCON.COM/GEORGIA](http://WWW.SIRCON.COM/GEORGIA)**

IF APPLYING FOR VARIABLE PRODUCTS – A CURRENT U-4 /WEB CRD STATUS REPORT SHOWING NASD SERIES 6 OR 7 APPROVED REGISTRATIONS MUST BE SUBMITTED WITH THIS APPLICATION.

IF APPLYING AS A COUNSELOR, PUBLIC ADJUSTER OR SURPLUS LINES BROKER, APPROPRIATE BOND MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION.

IF APPLYING FOR A COUNSELOR LICENSE, MUST ATTACH SUPPLEMENT SHOWING EVIDENCE OF 5 YEARS EXPERIENCE AS AN AGENT, SUBAGENT OR ADJUSTER OR IN SOME OTHER PHASE OF THE INSURANCE BUSINESS OR SUFFICIENT TEACHING EXPERIENCE OR EDUCATIONAL QUALIFICATIONS.

FEE FOR AGENTS LICENSE FOR ONE CLASS/MAJOR LINE OF INSURANCE: \$65 TOTAL (\$50 LICENSE, \$15 APPLICATION) PLEASE NOTE THE FEE FOR AN AGENT LICENSE IS BASED ON CLASSES OF INSURANCE AND LICENSES REQUESTED.

FEE FOR A TEMPORARY LICENSE \$75 TOTAL (\$50 LICENSE, \$15 APPLICATION, \$10 CERTIFICATE OF AUTHORITY)

FEE FOR LIMITED SUBAGENT LICENSE \$70 TOTAL (\$50 LICENSE, \$15 APPLICATION, \$5 SUBAGENT CERTIFICATE OF AUTHORITY)

FEE FOR ADJUSTER AND COUNSELOR LICENSES \$65 TOTAL (INCLUDES \$50 LICENSE, \$15 APPLICATION FEE)

FEE FOR SURPLUS LINES BROKER LICENSE \$315 TOTAL (INCLUDES \$300 LICENSE FEE, \$15 APPLICATION FEE)

MAKE CHECKS OR MONEY ORDERS PAYABLE TO GEORGIA INSURANCE DEPARTMENT.

**ADDRESS TO REMIT BY MAIL:**

**Georgia Dept. of Insurance-Agents Licensing Division, P.O. Box 935132, Atlanta, GA 31193-5132**

**ADDRESS TO REMIT BY COURIER:**

Wachovia Bank, Georgia Dept. of Insurance-Agents Licensing Division, Lockbox 935132, 3585 Atlanta Ave, Hapeville, GA 30354

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing. The form can be obtained from the department website.

ADDITIONAL INFORMATION REGARDING LICENSURE CAN BE FOUND ON THE DEPARTMENT'S WEBSITE [WWW.OCI.GA.GOV](http://WWW.OCI.GA.GOV)

SCHEDULING OF THE EXAMINATION CAN BE DONE ONLINE AT [WWW.PEARSONVUE.COM](http://WWW.PEARSONVUE.COM) OR 1-800-274-0488.

YOU MAY VIEW YOUR LICENSING STATUS ONLINE AT [WWW.OCI.GA.GOV](http://WWW.OCI.GA.GOV) OR [WWW.SIRCON.COM/GEORGIA](http://WWW.SIRCON.COM/GEORGIA)

This last page of INSTRUCTIONS (page 3 of this form) need not be printed and submitted with the application to reduce paper.



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[www.oci.ga.gov](http://www.oci.ga.gov)

**Illegal Immigration Reform And Enforcement Act  
Notice**

**ENFORCEMENT  
GID-276-EN JAN2012  
(replaces GID-235-SF)**

In accordance with O.C.G.A. § 50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all license, permit, registration and certification applicants. **Therefore, the following documents must be included with every application submitted to this Office:**

- (a) a signed and notarized copy of the attached Citizenship Affidavit Form; and**
- (b) a copy of one (1) secure and verifiable identification document.** *Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.*

All applicants are required to submit these two (2) documents before an application can be processed. If you are applying on behalf of a corporation, partnership, or other business entity, you must have an employee or officer of the entity, who has authority, complete and submit these documents.

In addition, if you (or the employer or officer with authority for a business entity) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

**MAILING INSTRUCTIONS**

Submit the two (2) required documents referenced above with the license, permit, registration or certification documents as required by the application instructions to the mailing address (if paper) or email address (if digital) specified in the application instructions.



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**Illegal Immigration Reform And Enforcement Act  
Citizenship Affidavit Form**

**ENFORCEMENT  
GID-276-EN JAN2012  
(replaces GID-235-SF)**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

NOTARY PUBLIC  
My Commission Expires:

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**Illegal Immigration Reform And Enforcement Act  
Citizenship Affidavit Form****ENFORCEMENT  
GID-276-EN JAN2012  
(replaces GID-235-SF)****Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]



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### Illegal Immigration Reform And Enforcement Act Citizenship Affidavit Form

**ENFORCEMENT**  
**GID-276-EN JAN2012**  
(replaces GID-235-SF)

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]