



Licensing Section

Arizona Department of Insurance

100 North 15th Avenue, Suite 261, Phoenix, Arizona 85007-2630

Phone: (602) 364-4457 | Toll-free: (877) 660-0964

Web: <https://insurance.az.gov> | E-mail: Licensing@azinsurance.gov

APPLICATION FOR A NAVIGATOR LICENSE (FORM L-NAV)

USE THE NATIONAL INSURANCE PRODUCER REGISTRY (www.nipr.com) instead of a paper application form to apply for a license online. NIPR applications are processed more quickly. **Carefully read the form instructions.**

Complete all pages of this form and fulfill all requirements described in the instructions. **Incomplete applications will be returned.** Forms are available on the department's web site at (<https://insurance.az.gov/producers>).

Send your completed application, with any required payment to:

Insurance Licensing Section, 100 North 15 Avenue, Suite 261, Phoenix, AZ 85007-2630

SECTION I: APPLICANT INFORMATION

Applicant is applying for (select one): Navigator Certified Application Counselor (CAC)

Applicant is (select one): a business entity (navigators only) an individual (navigator or CAC)

If a business entity - Legal name of business entity					
If an individual - Last name		First name	Middle name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
<i>*To use a name other than your legal name, you must file an Assumed Name Certificate – see INSTRUCTIONS.</i>					
Principal business street address (may not be P.O. box)			City	State	ZIP code
Mailing address (optional)			City	State	ZIP code
Residence address (if an individual)			City	State	ZIP code
Business phone #	Home phone # (individual)	Fax number (optional)	Taxpayer ID (FEIN or Soc. Sec. #):		
E-mail address (optional)					

SECTION II: AFFILIATION WITH BUSINESS ENTITY (INDIVIDUALS ONLY)

List the name of the licensed entity that you are affiliated with and that will be providing supervision.

Business entity name:	Arizona license # (navigator only):
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SECTION III: PRINCIPALS & DESIGNATED RESPONSIBLE LICENSEE (BUSINESS ENTITIES ONLY)

On the first row, enter the name of the individual licensed as a navigator who will be responsible for the entity's compliance with Arizona insurance laws. On the remaining rows, list the names and titles of all directors and officers of a corporation, partners if a partnership, members and managers if a limited liability company, trustees if a trust, etc. *Attach a signed and dated list if additional space is needed. See "Fingerprinting Requirements" in the INSTRUCTIONS, Paragraph B.*

Name:	Title: Designated Responsible Licensee
Name:	Title:
Name:	Title:

FOR USE ONLY BY DEPARTMENT OF INSURANCE		
LICENSE NUMBER:		TF#:
APPROVED BY:		<input type="checkbox"/> PDB Checked

SECTION IV: TRAINING REQUIREMENTS

Include a copy of your Navigator or CAC training certificate that shows successful completion of training.

SECTION V: ADDITIONAL INFORMATION

ALL applicants must complete this section. Carefully read and respond to each of the following questions. You should provide a "YES" answer even if you believe an incident has been cleared from your record. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

If you answer yes to any of these questions, *you must attach to this application:* (a) a written statement explaining the circumstances of each incident, (b) a copy of the charging document, (c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program.

<p>1a Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?</p> <p>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).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1b Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).</p> <p>If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?</p> <p>If so, was consent granted? (<i>Attach copy of 1033 consent approved by home state.</i>)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>1c 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2 Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?</p> <p>"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 or 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.</p> <p>If you answer yes, <i>you must attach to this application:</i> (a) a written statement identifying the type of license and explaining the circumstances of each incident, (b) a copy of the Notice of Hearing or other document that states the charges and allegations, and (c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>3 Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or 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.</p> <p>If you answer yes, <i>submit a statement</i> summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4 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?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5 Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. 1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.

SECTION IV: AUTHORIZATION AND RELEASE

A business entity applicant must complete Subsection A. An individual applicant must complete Subsection B.

SUBSECTION A: AFFIDAVIT OF VERIFICATION FOR A BUSINESS ENTITY

(Must be signed by an officer of the applicant)

By my signature below, I hereby attest to and affirm all of the following:

- Authorize the Arizona Department of Insurance (“DEPARTMENT”) to conduct a background investigation to determine the applicant’s fitness for an insurance license.
- Agree to promptly respond to questions that may arise from the investigation.
- Authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about person’s named in the application to furnish to the DEPARTMENT any such information, and permit the DEPARTMENT, its employees, agents or representatives, and the applicant’s authorized insurers, to inspect and make copies of such documents, records and other information.
- Release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, the applicant’s authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from any investigation made by the DEPARTMENT.
- Attest that the foregoing has been read and is understood.
- Certify, to the best of my knowledge and belief and under penalty of denial, suspension or revocation of the license or any other penalties that may apply, that the answers, statements and information furnished in connection with this license application are true, correct and complete.

<p>_____ SIGNATURE OF OFFICER OF THE APPLICANT</p>	<p>_____ DATE</p>
<p>_____ TYPED OR PRINTED NAME</p>	<p>_____ PHONE NUMBER WITH AREA CODE</p>
<p>_____ EMAIL ADDRESS</p>	

SUBSECTION B: AFFIDAVIT OF VERIFICATION FOR AN INDIVIDUAL

By my signature below, I hereby attest to and affirm all of the following:

- I authorize the Arizona Department of Insurance (“DEPARTMENT”) to conduct a background investigation to determine my fitness for an insurance license. I agree to promptly respond to questions that may arise from the investigation.
- I authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about me to furnish the DEPARTMENT with any such information and I permit the DEPARTMENT, its employees, agents or representatives, and my authorized insurers, to inspect and make copies of such documents, records and other information.
- I release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, my authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from the investigation made by the DEPARTMENT.
- I attest that I have read and understand the foregoing. I certify, under penalty of denial, suspension or revocation of the license and under any other penalties that may apply that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of my knowledge and belief.

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SIGNATURE OF THE APPLICANT	DATE
<hr/>	
TYPED OR PRINTED NAME	

APPLICATION FOR A NAVIGATOR LICENSE

- Carefully read instructions and review your application before submitting it:** The instructions describe additional forms or documents that you may need to submit with your application. If your application is incomplete, the application will be rejected.
- Be sure to sign and date the application** in the AFFIDAVIT OF VERIFICATION section.

QUESTIONS?

Before calling the Department of Insurance, *look for answers* on the PRODUCERS page of the department's web site (<https://difi.az.gov/>). For questions not addressed on our web site, contact the Insurance Licensing Section:

E-mail: insurancelicensing@difi.az.gov

Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

- Submit your application materials and fees** to the Insurance Licensing Section (Paragraph D, below)

A. Fingerprints.

- a. Nonresidents- Complete Forms L-152 and submit fingerprints using Form L-FPV and \$22.
- b. Residents- Complete this process using Gemalto. This application should not be submitted until the fingerprint process is completed.

How do I schedule my fingerprint appointment? Navigate to the Thales Gemalto Applicant Processing website. https://pci.aps.gemalto.com/azperlpub/agency_background_check.pl and enter the appropriate fingerprint code (**all codes are in bold**).

- i. Bail Bond and Bail Recovery Agent applicants - **BRA-056.A**
- ii. Navigator Applicants- **NDI-053.A**
- iii. Certified Application Counselor Applicants- **DIC-054.A**
- iv. All other insurance professional applicants - **INS-055.A**



If you submit fingerprints pursuant to this application, your fingerprints will be used to check FBI criminal history records.

If you have a criminal history record, the department will provide you the opportunity to complete or challenge the accuracy of the information in the record, and a reasonable amount of time to correct or complete the record (or decline to do so) before a license is denied based on the criminal history record. The procedures for changing, correcting or updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Sections 16.30 through 16.34. You can find information on how to review and challenge your FBI criminal history record on the FBI web site, at <https://www.fbi.gov/> under Criminal History Summary Checks, or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history record in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (ADPS) Criminal History Records Unit at (602) 223-2222. Information concerning the DPS review and challenge process is available on the ADPS web site, at <https://www.azdps.gov/>.

B. Organizational Documents (business entities only):

- If the business entity is organized outside Arizona, the documents from the domiciliary state must show an Arizona address as the entity's principal location. A.R.S. 20-281(4)(b).
- If the applicant is a corporation or limited liability company, include a copy of the *ARTICLES OF INCORPORATION* or *ARTICLES OF ORGANIZATION*. The articles must show the primary business address as being within Arizona.
- If the applicant is a partnership, include a copy of the written *PARTNERSHIP AGREEMENT* and *CERTIFICATE OF REGISTRATION* stamped as "recorded" in the office of the Arizona Secretary of State, or if organized outside Arizona, stamped as "recorded" with the official office in which the partnership was recorded. The agreement must show the primary business address as being within Arizona.
- If the applicant is a business trust, include a copy of the filed and recorded trust agreement.

Mail or deliver the completed application *with all required documents and fees to:*
INSURANCE LICENSING SECTION
SUITE 261
100 NORTH 15TH AVENUE
PHOENIX, AZ 85007-2630

KEEP THESE INSTRUCTIONS: ***DO NOT** return them with your license application.*

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.