



APPLICATION FOR A NAVIGATOR LICENSE

LICENSING

602-364-4457 | insurancelicensing@difi.az.gov

AS AN ALTERNATIVE, you may renew your license online using the National Insurance Producer Registry (NIPR) found at https://nipr.com/ INSTEAD OF submitting this Form L-NAV. NIPR applications are processed more quickly. Do not submit this form AND apply online.

CAREFULLY READ THESE INSTRUCTIONS. You may need to submit additional forms or documents with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be returned as deficient.

KEEP THESE INSTRUCTIONS – DO NOT RETURN THEM with your application.

IF SUBMITTING YOUR APPLICATION IN PAPER FORMAT (using Form L-NAV):

- Clearly print in ink or type all information. Incomplete or illegible applications will be returned which may cause you to have to pay a late renewal fee.
Ensure the application is complete: Incomplete applications will be returned.
Be sure to sign and date the application in the "Affidavit of Verification" section.

FINGERPRINTS

- Nonresidents – Complete Form L-152 and submit fingerprints using FBI Fingerprint Card FD-258 and Form L-FPV and \$22.00.
Residents – Complete this process using "Gemalto". This application should not be submitted until the fingerprint process is completed. To schedule your fingerprint appointment – Navigate online to the website for Thales Gemalto Applicant Processing at https://pci.aps.gemalto.com/azperlpub/agency_background_check.pl. Enter the corresponding fingerprint code shown below in bold font:

- Navigator Applicants NDI-053.A
Certified Application Counselor Applicants DIC-054.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.
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.

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 the completed application with all required documents and fees to:

INSURANCE LICENSING SECTION, 100 NORTH 15 AVENUE SUITE 261, PHOENIX, AZ 85007-2630

QUESTIONS? Before calling, look for answers on the department's Internet website found at <https://difi.az.gov/>. For questions not addressed on our website, contact the Insurance Licensing Section:

- **E-mail:** InsuranceLicensing@difi.az.gov
- **Phone:** 602-364-4457
- **Additional Forms** are available on the department's website.

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.



APPLICATION FOR A NAVIGATOR LICENSE

Carefully read and follow Form L-NAV instructions.

Part 1 Applicant Information

Applicant is applying for (select one): <input type="checkbox"/> Navigator <input type="checkbox"/> Certified Application Counselor (CAC)				
Applicant is (select one): <input type="checkbox"/> A business entity (navigators only) <input type="checkbox"/> An individual (navigator or CAC)				
LEGAL NAME OF BUSINESS ENTITY (if a business entity)			TAXPAYER ID (FEIN or SSN)	
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 a PO Box)		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (if an individual)		CITY	STATE	ZIP CODE
BUSINESS PHONE NO.	HOME PHONE NO. (Individual)	FAX NO. (optional)	EMAIL ADDRESS	

Part 2 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	AZ INSURANCE LICENSE NO. (Navigator only)

Part 3 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 the section on "Fingerprints" in the instructions.)

NAME	TITLE Designated Responsible Licensee
NAME	TITLE
NAME	TITLE
NAME	TITLE
NAME	TITLE

Continued on page 2.

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

Part 4 Training Requirements

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

Part 5 Additional Information – All Applicants

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.

1a	<p>Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No</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>
1b	<p>Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If so, was consent granted? (<i>Attach copy of 1033 consent approved by home state.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
1c	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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>

3	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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>
4	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes", identify the jurisdiction(s): _____</p>
5	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6	<p>Have 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, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes", <i>you must attach</i> to this application:</p> <ul style="list-style-type: none"> • A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license; and • Copies of all relevant documents.
7	<p>Do you have a child support obligation in arrearage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes":</p> <p>a) By how many <i>months</i> are you in arrearage? _____</p> <p>b) Are you currently subject to and in compliance with any repayment agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Are you the subject of a child support related subpoena/warrant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes", <i>provide documentation</i> showing proof of current payments or an approved repayment plan from the appropriate state child support agency.</p>
8	<p>In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes", will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IMPORTANT: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you MUST go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number to which you have answered "Yes" on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.</p>

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.

Continued on page 4.

Part 6 Authorization and Release

SUBSECTION A: Affidavit of Verification for a BUSINESS ENTITY

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

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| <ol style="list-style-type: none"> 1) Authorize the Arizona Department of Insurance (“DEPARTMENT”) to conduct a background investigation to determine the applicant’s fitness for an insurance license. 2) Agree to promptly respond to questions that may arise from the investigation. 3) 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. | <ol style="list-style-type: none"> 4) 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. 5) Attest that the foregoing has been read and is understood. 6) 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. |
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TITLE OF SIGNER	
_____	_____
EMAIL ADDRESS OF SIGNER	TELEPHONE NO. (with area code)
➤ _____	_____
SIGNATURE OF OFFICER OF THE APPLICANT	DATE
➤ _____	
PRINT OR TYPE NAME OF SIGNER	

SUBSECTION B: Affidavit of Verification for an INDIVIDUAL

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

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|--|---|
| <ol style="list-style-type: none"> 1) 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. 2) 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. | <ol style="list-style-type: none"> 3) 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. 4) 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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_____	_____	_____
➤ APPLICANT’S SIGNATURE	PRINT OR TYPE NAME	DATE