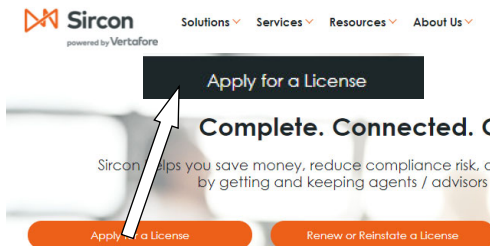


How to apply for a license – Sircon

1. Go to <https://www.sircon.com/> and click "Apply for a License"



2. Select your desired License.

NEW INSURANCE LICENSES

Start an application for a new license or add new lines of authority to an existing license

NEW ADJUSTER LICENSES

Start an application for a new adjuster license or add new lines of authority to an existing license

OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database

You'll be able to select a license type on following screen.

3. Answer the questions that appear and click continue.
*Questions will vary depending on your answers.

NEW INSURANCE LICENSES

Start an application for a new license or add new lines of authority to an existing license

Is this a Resident **NEW ADJUSTER LICENSES**

Start an application for a new adjuster license or add new lines of authority to an existing license

Are you an individual or a firm? Individual Firm

4. Enter your e-mail address and click continue.

License Applications

Email Address:

5. Fill out your information then select which state you want to apply to. At the end select your payment method for the application and click continue.

ALL FEES ARE NON-REFUNDABLE

Last Name * Required **Section 1**

Confirm SSN * Required

States Accepting Electronic License Applications

Prepare Click on a state name to view the license types available for each submission method.
Attention: Alabama applicants: All individual license applicants must submit proof of ID: <https://alidoc.gov/LicenseeCZ/Initial.aspx> before your license is issued. **Section 2**

A paper copy of and of

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form <https://www.dhs.gov/e-verify/> with your application. This form is available on the state website at <https://www.dhs.gov/e-verify/>

Payment Method

Credit Card/Electronic Check Submission
We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **Section 3

I am actively working with a Sircon insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner who will determine whether to process with the state.

6. Select what type of license you want and if you were previously licensed then click continue.

License Information

State Idaho

License Type Independent Adjuster
 Life Settlement Broker
 Resident Bail Agent
 Resident Producer
 Resident Public Adjuster

Previously licensed? Yes No

7. Select the lines of authority you want to hold then click continue.

Qualification Code

*At least one qualification must be selected.

Accident & Health or Sickness Personal Lines Travel
 Casualty Pet Variable Life/Variable Annuity
 Credit Property
 Life Surety

8. Fill out all required personal information requested and click continue.

Individual Information

If applying for variable line of authority, the NASD CRD number is required. Please note that the e-mail address must be a personal e-mail address.

Individual Alias Information -Optional
Individual Business Address -Required
Individual Mailing Address -Required
Residence Phone Information -Required
Business Phone Information -Required
Business Fax Information -Optional

9. Enter your employment history and click continue.

Employment History Information

Please enter information into the sections below! (at least one is required).
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. If providing current employment, please enter current month and year as the end date.

Current Employment

Beginning Date * Required (mm-yyyy)

Ending Date * Required (mm-yyyy)

Employer Name * Required

10. Answer all background questions then click continue.

Uniform Individual Background Questions

All questions are required unless otherwise specified.

Please answer the following Uniform Individual Background Questions for the following states: Idaho.

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

Question 1

NOTE: For Questions 1a, 1b and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application.

11. Read the attestation carefully before clicking "I Agree" then click continue.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I Agree * Required

12. Verify that your application is correct, click "I understand that all license application fees are non-refundable." Confirm your e-mail and click submit

Review License Application

Electronic Applications	Dest. State	License Type	Qualification Type	Total State Fee
	Idaho	Resident Producer	Accident & Health or Sickness	\$80.00

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

I understand that all license application fees are non-refundable. **Section 2**

Sircon account email:

Confirm your email to sign up:

Section 3

13. Enter your payment information and click Submit.

* Payment Method: Pay by Credit Card
 Pay by ECheck

Credit Card Information

* Credit Card Number:

* Expiration Date:

* Card Type: VISA MASTERCARD DISCOVER

If you are using a company/corporate card, you must be a signer on the account to use the card.

Billing Information

* First Name:

14. (Individual, Residents Only).

E-mail the following to agent@doi.idaho.gov
Please use "Your Name - Resident Application Documentation" as the subject line.

- Copy of Pass Slip(s) from Exam(s) or Attestation page from Limited Lines Pre-Licensing Manual
- CHRI Request and Release form
- Fingerprint Receipt (Handwritten fingerprint receipt that has the TCN TRACKING number on it)