



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
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**RENEWAL APPLICATION OF ENTITY REGISTRATION
NAVIGATOR or
CERTIFIED APPLICATION COUNSELOR ORGANIZATION**

(Print or Type)

Check appropriate box for registration requested.

- Navigator (Entity)
- Certified Application Counselor Organization (Entity)

Entity Name		TN Registration Number		Federal Certification Number	
Entity Business Address		City		State	Zip Code
Entity Mailing Address		P.O. Box	City	State	Zip Code
Phone Number () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
List any other assumed, alias or trade names under which you are doing business or intend to do business.			State of Domicile		FEIN
Entity Contact Name		Phone Number () -	E-Mail Address		
Designated individual registered as a Navigator or Certified Application Counselor to be responsible for the entity's compliance with Tennessee regulations:					
Name: _____		TN Registration Number: _____			
Phone: _____		E-Mail Address: _____			

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

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a misdemeanor or had a judgment withheld or deferred for a misdemeanor which has not been previously reported to this insurance department? Yes ___ No ___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or 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 juvenile court.)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is currently charged with committing a felony or had a judgment withheld or deferred for a felony which has not been previously reported to this insurance department? Yes ___ No ___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

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? N/A ___ Yes ___ No ___

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A ___ Yes ___ No ___

1c. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of or is currently charged with a military offense which has not been previously reported to this insurance department? Yes ___ No ___

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, having been given probation, a suspended sentence or a fine.

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “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 having been given probation, a suspended sentence or a fine.

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

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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.

2. Has the entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this insurance department? Yes ___ No ___

“Involved” means having a license or registration censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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/registration. “Involved” also means having a license/registration application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license/registration and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Applicants Certification and Attestation

The undersigned owner, partner, officer or director of the entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for registration revocation and may subject me and the entity to civil or criminal penalties.
2. The entity grants permission to the Commissioner to verify any information supplied with any federal, state or local government agency, current or former employer.
3. Every owner, partner, officer or director of the entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
4. I authorize the jurisdiction to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdiction and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and comply with the laws and regulations of the State of Tennessee to which I am applying for registration.
6. I understand that entities registered as Navigators or Certified Application Counselor Organizations must provide a list of all individual Navigators and Certified Application Counselors that it employs, supervises or is affiliated with on an annual basis upon renewal. This list shall certify that continuing education has been provided for individual navigator and certified application counselor registrants and is attached.

Must be signed by an officer, director, principal or Partner of the entity:

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip