



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NEW YORK 12257

David A. Paterson
Governor

James J. Wrynn
Superintendent

Effective May 18, 2010, The New York State Insurance Department will be accepting applications for the Life Settlement Broker License. In accordance with Section 2137 of Insurance Law, the licensing candidate must submit:

1. Documentation of having successfully completed a Department approved preclicensing education course. Use the [Preclicensing Provider/Course List](#) to find an approved provider.
2. Documentation of having passed, within two years immediately preceding the date of the Department's receipt of the application, exam # 10-50 Life Settlement Broker. To register and reserve an exam date contact PSI Services:
 - via telephone at 1-800-733-9267
 - or on the web at www.psiexams.com
3. [Electronic fingerprints](#), provided by L-1 Identity Solutions.
4. A complete [Life Settlement Broker License Application](#) form, with a check, for payment of the licensing fee, made payable to the Superintendent of Insurance.

Exceptions:

- An individual who CURRENTLY holds a life agent or life broker license that has been in effect for 1 year or more, may waive the preclicensing education and the licensing exam requirements.
- An individual who holds a CLU or CLUA designation may waive the preclicensing education requirement.
- An individual who is able to document appropriate employment with a NYS licensed insurance company, life settlement broker or life settlement provider, or a licensed agency or brokerage with a life line of authority, for at least one year, during the past three, may waive the preclicensing education requirement. This applicant must submit a Statement of Employer with the license application.
- See application instructions for nonresident applicants.

INSTRUCTIONS FOR LSB (LIFE SETTLEMENT BROKER) APPLICANT

AN INDIVIDUAL/TBA LICENSE WILL BE ISSUED WITH AN EXPIRATION DATE DETERMINED BY DATE OF BIRTH:

****If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.**

****If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.**

Match the submission code numbers listed under the “*Resident” or “*Non-Resident” columns with the corresponding numbers on “Submission Requirement Code Chart” to determine what is needed to obtain a license.

***Resident** - one who has declared New York as their Home State; Home State means the District of Columbia or any state or territory of the United States in which the applicant maintains his, her or its principal place of residence or principal place of business. ***Non-Resident** - licensee who has declared a state OTHER than New York as their Home State. Home State is where you maintain a principal place of residence or business AND are licensed in good standing for the lines of authority being applied for in this application.

CODE	DESCRIPTION OF LICENSE	INS/LAW SECTION	SUBMISSION CODES		EXEMPT FROM # 3 (EXAM)	LICENSING PERIOD	FEES
			RESIDENT	NON-RESIDENT			
LS	Life Settlement Broker	2137	1,2,3,4,5,8	1,2,4,5,6,7,8	(1) one who is currently licensed in NY as Life Agent and has been for one full year (2) one who has been licensed within the last 90 days for one full year and in good standing in the declared home state as a life settlement broker or a life producer	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above) Entities - 2 yrs-07/01 to 06/30 of odd years	See Attached Fee Schedule

CODE	SUBMISSION REQUIREMENT CODE CHART
1	Fully completed application.
2	FEE – See Attached Fee Schedule. Full fees are charged when a license is issued for a licensing period of one year or more; half fees are charged when a license is issued for a licensing period of less than one year. Make check payable to “Superintendent of Insurance.” \$20 will be charged for each check dishonored by the bank. RESIDENT: Partnership, corporation, limited liability company fee is per sub-licensee. NON-RESIDENT: See attached Fee Schedule.
3	Original passed score report for Life Settlement Broker exam taken within 2 years unless “exempt from # 3” above. Call PSI* for examination information. A first time applicant must submit either (1) School certificate (prelicensing course must be completed prior to sitting for the examination OR (2) Statement of Employer form documenting that the applicant has been regularly employed by a life settlement provider, life insurance company, life settlement broker, or an insurance producer with a life line of authority, for a period or periods aggregating not less than one year during the 3 years preceding the date of application and has been employed in responsible duties relating to the use of life insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation, and settlement of life insurance and annuity contracts.
4	Fingerprinting - all applicants with an address in New York State MUST be electronically fingerprinted by L1 Identity Solutions www.L1enrollment.com ; fingerprint cards will NOT be accepted from any applicant with an address in New York State; proof of fingerprinting must be submitted with the application. Applicants with no address in New York State and unable to go to an electronic fingerprinting site in New York State must submit the Fingerprint cards and fingerprint fee with the licensing application and licensing fee. Fingerprinting Fee is \$106.00 (check made payable to L1 Enrollment) (\$75 for DCJS plus \$19.25 for FBI plus \$11.75 for fingerprinting processing). Fingerprinting is required for every member, shareholder and officer or director of any entity applying for a license. ADDITIONAL FINGERPRINTING INFORMATION AND FINGERPRINTING FORMS ARE ATTACHED.
5	Proof of accumulation of Continuing Education credits if such proof was required had the last license been renewed and the \$10.00 Continuing Education filing fee.
6	Must be currently licensed and in compliance in your declared home state. NOTE: Your license information MUST be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.
7	Code 5, if applicable, unless the home state information shows that the Continuing Education requirements of that state have been met.
8	You must submit copies of the disclosures you intend to use which will be presented to owners and insureds as part of the settlement as required under Section 7811 of the New York Insurance Law.
9	Proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that applicant obtain name approval for use of the name in the insurance industry from this Department before filing the name with a County Clerk office or the New York State Department of State. You may submit a list of proposed names in the order of preference to New York State Insurance Department, Licensing Services Bureau, One Commerce Plaza, Albany, New York 12257, or to our e-mail address, licensing@ins.state.ny.us . Once a name is approved, licensing instructions will be provided.

***PSI SERVICES LLC, Licensure/Certification, 3210 E. Tropicana, Las Vegas, NV 91505, Telephone 1-800-733-9267; www.psiexams.com**

**INDIVIDUAL FORM
ORIGINAL/RELICENSING**

**STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NEW YORK 12257
www.ins.state.ny.us**

FOR DEPARTMENT USE ONLY	
License No.	
Ex. by	App. by
Issued	Expires.....
<input type="checkbox"/> Original	<input type="checkbox"/> Relicensing

**APPLICATION FOR LIFE SETTLEMENT BROKER'S LICENSE
UNDER SECTION 2137 OF THE INSURANCE LAW**

Resident _____
 Non-Resident _____
 Identify Home State _____
 Identify Home State License # _____ (If Home State is Not NY)

1.

Name of Applicant		Last	First	M.I.*	
Social Security Number	If assigned, National Producer Number (NPN)		Date of Birth	Gender M____ F____	
Trade Name (Sole Proprietorship) Read instructions before entering anything in this space					
c/o if any (pertaining to Principal Insurance Business Address)				Telephone Number	
Principal Insurance Business Address: No. & Street (required)	P.O. Box, if any	City/Town/Village	County	State/Country	Zip Code
Residence: No. and Street (required)	P.O. Box, if any	City/Town/ Village	County	State/Country	Zip Code
Mailing Address: (required)(Indicate if same as Bus or Res)	P.O. Box, if any	City/Town/Village	County	State/Country	Zip Code

2. Are you under obligation to pay child support?..... Yes or No
- If "Yes,"**
- (a) Are you current or less than 4 months in arrears? Yes or No
- (b) Are you paying by income execution plan agreed to by courts or parties?..... Yes or No
- (c) Is the obligation the subject of pending court proceeding?..... Yes or No
- (d) Are you receiving public assistance or supplemental income?..... Yes or No

If answer to the question regarding obligation to pay child support is "Yes," one of the answers to (a)-(d) must be "Yes" or license will expire 6 months from its effective date unless you notify the Department by that time which answer has changed to "Yes."

3. If any of the following questions are answered "YES," an explanation must be attached.

(a) Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?.....
Yes or No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A _____ Yes _____ No _____
If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____ Yes _____ No _____

(b) Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?.....
Yes or No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a fine, a cease and desist order, a prohibition order, a compliance order, 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. "Involved" also means having a license 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, direct, 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.

(c) 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.....
Yes or No

(d) Have you ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?.....
Yes or No

If you answer yes, identify the jurisdiction(s): _____

Are you currently a party to, or have you ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?.....
Yes or No

(e) 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?.....
Yes or No

RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.

4. Since expiration of your last authority, have you transacted business in New York State for the license you are applying for in this application?.....
Yes or No

****Attestation and Signature required on page 3**

Applicant Certification and Attestation

- ◆ The Applicant must read the following very carefully:
- ◆ I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- ◆ Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- ◆ I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- ◆ I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- ◆ I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- ◆ I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- ◆ For **Non-Resident License Applicants**, I certify that I have been licensed within the last ninety (90) days and in good standing in the home state/resident state for the lines of authority requested from the non-resident state.

Dated _____ 20 ____

Telephone No. _____

E-Mail Address _____

URL/Website Address _____

Applicant Signature

Applicant Name (Printed or Typed)

* * CHILD SUPPORT NOTIFICATION * *

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

* * PRIVACY NOTIFICATION * *

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Insurance Department, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Insurance Department will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

ORIGINAL/RELICENSING LIFE SETTLEMENT BROKER FEES

DETERMINATION OF RESIDENT OR NON-RESIDENT STATUS:

- If you declared New York State as your home state, pay the fee listed on the chart for New York.
- If you declared a home state other than New York, pay the license fee listed on the chart for the state declared as the home state and in which you are a licensed insurance producer.

COMPUTATION OF FEE TO BE SUBMITTED WITH APPLICATION:

- The term for life settlement broker licenses is up to two years.
 - **INDIVIDUALS/TBA – Effective Date of Issued License to Date of Birth Expiration:** If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.
If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.
 - **LIFE SETTLEMENT BROKER ENTITIES – July 1 to June 30 of odd numbered years.**
- To compute a licensing fee for an application to be issued for a period greater than one year, add the licensing fee plus any retaliatory fee indicated. To compute a licensing fee for an application to be issued for one year or less, add *one-half (1/2)* the licensing fee plus the *whole* of any retaliatory fee indicated.
- In addition, a relicensing applicant whose license expired within the last 2 years and who was required to document Continuing Education had he/she renewed the license, must also include both the required documentation of the accumulation of 15 credits of Continuing Education and a \$10.00 filing fee (per application, not per sub-licensee).

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alabama		\$ 80	\$ 80 plus \$80 per sub-licensee
Alaska		\$ 200	\$ 400 plus \$80 per sub-licensee
Arizona		\$ 80	\$ 80 plus \$80 per sub-licensee
Arkansas		\$ 200	\$200 with 1 sub-licensee plus \$80 for each additional sub-licensee
California		\$ 272	\$ 272 plus \$80 per sub-licensee
Colorado		\$ 80	\$ 80 per sub-licensee
Connecticut		\$ 80	\$ 80 plus \$80 per sub-licensee
Delaware		\$ 80	\$ 80 plus \$80 per sub-licensee
District of Columbia		\$ 80	\$ 80 per sub-licensee
Florida		\$ 80	\$ 80 per sub-licensee
Georgia		\$ 80	\$ 80 per sub-licensee
Hawaii		\$ 300	\$ 300 plus \$80 per sub-licensee
Idaho		\$ 80	\$ 80 plus \$80 per sub-licensee
Illinois		\$ 500	\$ 500 plus \$80 per sub-licensee
Indiana		\$ 80	\$ 80 plus \$80 per sub-licensee
Iowa		\$ 200	\$ 200 plus \$80 per sub-licensee
Kansas		\$ 100	\$ 100 plus \$80 per sub-licensee
Kentucky		\$ 250	\$ 250 plus \$80 per sub-licensee
Louisiana		\$ 100	\$ 100 plus \$80 per sub-licensee
Maine		\$ 85	\$ 85 plus \$85 per sub-licensee
Maryland		\$ 250	\$ 250 plus \$80 per sub-licensee
Massachusetts		\$ 80	\$ 80 plus \$80 per sub-licensee
Michigan		\$ 80	\$ 80 per sub-licensee
Minnesota		\$ 750	\$ 750 plus \$80 per sub-licensee
Mississippi		\$ 100	\$ 100 plus \$80 per sub-licensee
Missouri		\$ 80	\$ 80 plus \$80 per sub-licensee
Montana		\$ 80	\$ 80 per sub-licensee

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Nebraska		\$ 80	\$ 80 per sub-licensee
Nevada		\$1000	\$1000 plus \$80 per sub-licensee
New Hampshire		\$ 80	\$ 80 per sub-licensee
New Jersey		\$ 95	\$ 95 plus \$80 per sub-licensee
New Mexico		\$ 100	\$ 100 plus \$80 per sub-licensee
New York		\$ 80	\$ 80 per sub-licensee
North Carolina		\$1000	\$1000 plus \$80 per sub-licensee
North Dakota		\$ 100	\$ 100 plus \$80 per sub-licensee
Ohio		\$ 200	\$2000 plus \$80 per sub-licensee
Oklahoma		\$1000	\$1000 plus \$80 per sub-licensee
Oregon		\$ 80	\$ 80 plus \$80 per sub-licensee
Pennsylvania		\$ 200	\$ 200 plus \$80 per sub-licensee
Rhode Island		\$ 80	\$ 80 per sub-licensee
South Carolina		\$ 80	\$ 80 per sub-licensee
South Dakota		\$ 80	\$ 80 per sub-licensee
Tennessee		\$1000	\$1000 plus \$80 per sub-licensee
Texas		\$ 250	\$ 250 plus \$80 per sub-licensee
Utah		\$ 80	\$ 80 per sub-licensee
Vermont		\$1000	\$1000 plus \$80 per sub-licensee
Virginia		\$ 100	\$ 100 plus \$80 per sub-licensee
Washington	\$ 5	\$ 100	\$ 100 plus \$80 per sub-licensee
West Virginia		\$ 100	\$ 400 plus \$80 per sub-licensee
Wisconsin		\$ 750	\$ 750 plus \$80 per sub-licensee
Wyoming		\$ 80	\$ 80 per sub-licensee

CANADA – Individuals and sub-licensees must qualify by New York State Requirements

PROVINCE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alberta		\$ 80	\$ 80 per sub-licensee
Manitoba		\$ 80	\$ 80 per sub-licensee
Northwest Territories		\$ 80	\$ 80 per sub-licensee
Nova Scotia		\$ 80	\$ 80 per sub-licensee
Ontario		\$ 80	\$ 80 per sub-licensee
Quebec		\$ 80	\$ 80 per sub-licensee
Saskatchewan		\$ 80	\$ 80 per sub-licensee
Yukon Territories		\$ 80	\$ 80 per sub-licensee

U.S. TERRITORIES Individuals and sub-licensees must qualify by New York State Requirements

TERRITORY	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Puerto Rico		\$ 80	\$ 80 per sub-licensee
Virgin Islands		\$ 80	\$ 80 per sub-licensee



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THE DIVISION OF CRIMINAL JUSTICE SERVICES WILL ONLY BE ACCEPTING/PROCESSING FINGERPRINTS ELECTRONICALLY

The New York State Division of Criminal Justice Services (DCJS) has entered into a contractual agreement with L-1 Identity Solutions to provide electronic fingerprint processing services on a statewide basis for all individuals requiring a criminal background check.

Effective December 15, 2009 New York State Insurance Department applicants with an address in New York State **MUST** be electronically fingerprinted by L-1 Identity Solutions.

Contact L-1 Enrollment Services at 877-472-6915 or www.L1ID.com. The Request for NYS Electronic Fingerprinting Services - Information Form (form NYSIDCFP), attached, must be completed and submitted to L-1 at the time of being electronically fingerprinted.

Fingerprint cards will not be accepted from any applicant with an address in New York. Any application bearing an address in New York State submitted with fingerprint cards will be rejected. Applications must be submitted with proof of being electronically fingerprinted by L-1.

Applicants who do not have any address in New York State and are unable to go to an L1 Electronic Fingerprinting location in New York (for list of locations go to www.L1Enrollment.com) may send the New York fingerprint cards to this Department with their application, fees, and the NYS Request for Card Scan Services - Information Form (form NYSIDCSFP), attached. **NOTE** - only the fingerprint cards furnished to the applicant by the New York State Insurance Department can be used; out of state fingerprint cards are not acceptable and will be returned. Applications without the NYS Request for Card Scan Services - Information Form will be rejected.

Note - Fingerprinting is required for all adjuster, bail bond*, and life settlement provider*, intermediary* and broker* licenses.

Fingerprinting is required for any person wishing to be an officer/director* of an insurance company.

*FBI fingerprints are also required

Fingerprint Fee for Adjusters	\$ 86.75
Fingerprint Fee for Bail Bond Agents	\$106.00
Fingerprint Fee for Life Settlement Providers, Life Settlement Intermediaries, and Life Settlement Brokers	\$106.00

Request for NYS Electronic Fingerprinting Services - Information Form

Instructions for applicant: Complete this form and visit www.11enrollment.com or call 877-472-6915 to schedule an appointment for fingerprinting. Remember to bring this form and required forms of identification to your fingerprinting appointment.

ORI: NY921270Z

Contributor Agency: NEW YORK STATE INSURANCE DEPARTMENT
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

_____ Social Security Number

- Public/Independent Adjuster
 - Professional Bondsman
 - Life Settlement Broker
 - Life Settlement Intermediary
 - Life Settlement Provider
 - Princ, Exec, Dir Ins Co (provide name of insurance company)
- _____

****IMPORTANT****

If you do not have a Social Security Number, you must contact the New York State Insurance Department at 518-474-6630 or licensing@ins.state.ny.us

Applicant Section: New Submission Resubmission

Name of Applicant: _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Age: _____ Sex: Male Female Race: _____

Ethnicity: Hispanic Non Hispanic Unknown Height: _____ ft. _____ in. Weight: _____ lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State/Country of Birth: _____ Country of Citizenship: _____

Request for NYS Electronic Fingerprinting Services - Information Form (CONTD)

Accepted Forms of Identification Section:

NOTE: Applicant ***MUST*** present two (2) forms of ID, at least **one** of which must have a photo (see Column A):

Column A – Valid Photo Identification:

U.S. Passport (unexpired or expired)
Permanent Resident Card
Alien Registration Receipt Card
Unexpired Foreign Passport
Driver’s License or Photo ID Card
(issued by U.S. State or Territory)
School or College ID Card (with photo)
Unexpired Employment Authorization
with photo (Form I-766, I-688, I688A or B)
Photo ID Card issued by federal, state, or local govt.

Column B – Valid Supplementary Identification:

Voter registration card
U.S. Military card or draft card
Military dependent’s ID card
Coast Guard Merchant Mariner Card
Native American Tribal Document
Canadian Driver’s License
U.S. Social Security Card
Original or certified copy of a Birth Certificate issued
by authorized U.S. agency with official seal
Certification of Birth Abroad (issued by U.S. Department
of State)
U.S. Citizen Id Card (Form 1-7)

Enrollment website address: www.L1Enrollment.com

Call Center phone number: 877-472-6916

NYS Request for Card Scan Services - Information Form

This form is for an applicant who has no address in New York and unable to go to an L1 Electronic Fingerprinting location in New York (list of locations @ [www. L1 Enrollment.com](http://www.L1.Enrollment.com))
This form must be completed for submission with application AND fingerprint cards.

Please Print Clearly

Contributor Agency Section:

ORI: NY921270Z

Contributor Agency: NEW YORK STATE INSURANCE DEPARTMENT
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

_____ Social Security Number

- Public/Independent Adjuster
- Professional Bondsman
- Life Settlement Broker
- Life Settlement Intermediary
- Life Settlement Provider
- Princ, Exec, Dir Ins Co (provide name of insurance company)

Applicant Section:

New Submission Resubmission

Name of Applicant: Last _____ First _____ M.I. _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Age: _____ Sex: Male Female Race: _____

Ethnicity: Hispanic Non Hispanic Height: _____ ft. _____ in. Weight: _____ lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State / Country of Birth: _____ Country of Citizenship: _____

Payment Section:

- Payment for Cardscan submission must be made separate from your payment for license fee application.
 - Licensing Fee - check is made payable to Superintendent of Insurance
 - Fingerprint Fee is made payable to L1 Enrollment
 - Fingerprint Fees – DCJS fee + L1 Fee = \$86.75
 - DCJS fee + FBI Fee + L1 Fee = \$106.00
- Payment for Princ, Exec, Dir Ins Co (officer/director) should be made payable to L1-Enrollment.
 - DCJS fee + FBI Fee + L1 Fee = \$106.00
- Options include: Personal or business check, certified check, bank check or money order.
Escrow Account with L1 Solutions; Escrow Account number will be required.
- The New York State Insurance Department will submit payment and fingerprint cards directly to L-1.