

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

(Please Print or Type)

Check appropriate boxes for license requested.

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_
- New Application
- Additional Line(s) of Authority

| Demographic Information   |   |                       |  |
|---|---|-----------------------|--|
| ① Business Entity Name  | Incorporation/Formation Date<br>(month) ___ (day) ___ (year) ___  | ③ FEIN<br>- - - - -   |  |
| ④ If assigned, National Producer Number (NPN)   | ⑤ If applicable, FINRA Firm Central Registration Depository (CRD) |                       |  |
| ⑥ List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business. | ⑦ State of Domicile   | ⑧ Country of Domicile |  |
| ⑨ Is the business entity affiliated with aM s _____ try   |   |                       |  |

|           |         |         |         |
|-----------|---------|---------|---------|
| ⑬ _____ ) | ⑭ _____ | ⑰ _____ | ⑱ _____ |
|-----------|---------|---------|---------|

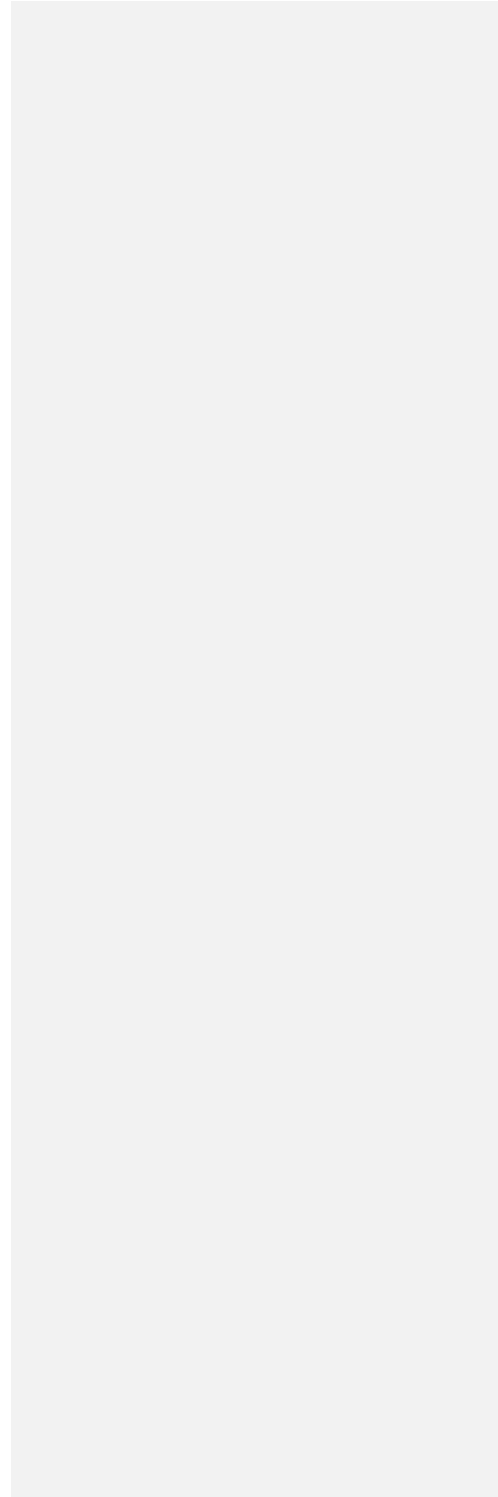
Name \_\_\_\_\_

|            |           |           |  |
|------------|-----------|-----------|--|
| ⑳          | SSN - - - | NPN _____ |  |
| Name _____ | SSN - - - | NPN _____ |  |
| Name _____ | SSN - - - | NPN _____ |  |
| Name _____ | SSN - - - | NPN _____ |  |

| Owners, Partners, Officers and Directors  |             |                |   |
|---|-------------|----------------|---|
| ㉑ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company: |             |                |   |
| Name _____  | Title _____ | SSN/FEIN - - - | D.O.B _____ Owner: Yes / No % of ownership interest _____ |
| Name _____  | Title _____ | SSN/FEIN - - - | D.O.B _____ Owner: Yes / No % of ownership interest _____ |
| Name _____  | Title _____ | SSN/FEIN - - - | D.O.B _____ Owner: Yes / No % of ownership interest _____ |
| Name _____  | Title _____ | SSN/FEIN - - - | D.O.B _____ Owner: Yes / No % of ownership interest _____ |
| Name _____  | Title _____ | SSN/FEIN - - - | D.O.B _____ Owner: Yes / No % of ownership interest _____ |
| Name _____  | Title _____ | SSN/FEIN - - - | D.O.B _____ Owner: Yes / No % of ownership interest _____ |
| Name _____  | Title _____ | SSN/FEIN - - - | D.O.B _____ Owner: Yes / No % of ownership interest _____ |

(State Use)

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