



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**Insurance Division – Agent Licensing**  
**500 James Robertson Parkway**  
**Nashville, TN 37243-1134**  
**(615) 741-2693**

Fax: (615) 532-2862

ce.agent.licensing@tn.gov

**RENEWAL APPLICATION OF INDIVIDUAL REGISTRATION**

**NAVIGATOR or CERTIFIED APPLICATION COUNSELOR**

(Print or Type)

**Check appropriate box for registration requested.**

- Navigator (Individual)
- Certified Application Counselor (Individual)

Last Name		JR./SR. etc	First Name		Middle Name	
Date of Birth (month) _____ (day) _____ (year) _____			Social Security Number - -	Federal Registration Number		Tennessee Registration Number
Residence/Home Address (Physical Street)			P.O. Box	City	State	Zip Code
Home Phone Number ( ) -	Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) _____ (If No, you must supply proof of eligibility to work in the U.S.)					
Business Entity Name						
Business Entity Address			P.O. Box	City	State	Zip Code
Business Phone Number ( ) -	Business Fax Number ( ) -		Business Web Site Address		Business E-Mail Address	
Applicant's Mailing Address			P.O. Box	City	State	Zip Code
a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.						
b. List any trade names under which you are currently doing business or intend to do business.						
<b>Entity Affiliation</b>						
List your Entity Affiliation:						
Entity Name: _____						
Address _____						

### Background Information

1. Since the last renewal or initial application in this state, have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

“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, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a certified copy of the charging document, and
- a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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 \_\_\_

2. Since the last renewal or initial application in this state, have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

“Involved” means having a license 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. “Involved” also means having a license 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 written statement identifying the type of license and explaining the circumstances of each incident,
- a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Since the last renewal or initial application in this state, do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes,

- by how many months are you in arrearage? \_\_\_\_\_ Months
- are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
- are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

4. Are you a United States citizen? Non-citizens must provide two forms of documentation of identity and immigration status. Yes \_\_\_ No \_\_\_

### Applicants 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 registration revocation or denial of the registration and may subject me to civil or criminal penalties.
- The Applicant grants permission to the Commissioner to verify any information supplied with any federal, state or local government agency, current or former employer.
- 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.
- I acknowledge that I understand and comply with the laws and regulations of the State of Tennessee to which I am applying for registration
- I understand that a Navigator or Certified Application Counselor must have successfully completed 12 hours of continuing education prior to renewal date.
- I understand that applicants who are non-citizens must attach two forms of documentation of identity and immigration status.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)