



## Information for Successful Processing of Your Application

- 1. PRINTER CAPABILITIES:**  
You will need printer capabilities.
- 2. NON-REFUNDABLE FEES:**  
In accordance with Florida Statute 626.171(5) Application Fees submitted are non-refundable. New license application fees are valid for 6 months. If you are not qualified for the license or pass the state examination within 6 months of the application date, you must re-apply with a new license application.
- 3. COMPLETION OF YOUR APPLICATION:**  
Your application is **NOT** complete until you select a method of payment. Do not exit the system until you reach the page that advises that your application is complete.
- 4. BRANCH SHORT FORM APPLICATION**  
Individual branches and stores may use this application to apply for licenses that their "PARENT" company holds. Branch Short form applicants must have their "PARENT" company's FEIN number in order to apply. Applicants **MUST** also enter their branch/store number at the time of application.
- 5. THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED FOR APPLICATIONS:**

**Credit Cards:** We currently accept credit cards from MasterCard, Visa, American Express and Discover.

*Note: When entering the credit card information, the addresses must match the cardholder's billing address. An additional convenience fee is charged by the credit card companies of 3 percent of the transaction.*

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DFS-H2-2126

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Effective:

Adopted in Rule 69B-211.002, F.A.C

## STEP 1: Background Questions

If a question(s) below will not let you select "Yes" or "No", it means that you are not required to answer that question(s).

On the following screens you will be asked a series of background questions. If you have EVER entered a plea of guilty, nolo contendere (no contest), or been convicted or found guilty of a felony crime, you are required to give a "Yes" answer, whether or not adjudication of guilt was withheld. If you have been so convicted or have entered one of the pleas above and fail to provide a "Yes" answer, your application may be denied. If you are unsure about how to answer questions regarding your criminal history, you should consult an attorney or review your court records prior to answering.

If you have additional questions please contact the Bureau of Licensing at 850-413-3137.

- Yes  No I affirm that I understand I must maintain a valid email address on file with the Department.
- Yes  No Are you currently on probation for any legal action or participating in a pretrial intervention program or any other diversion program?
- Yes  No Are there currently pending against you or any entity you control, any criminal, administrative or civil charges in any state or federal court anywhere in the United States or its possessions or any other country?
- Yes  No In the past 12 months, have you been arrested, indicted, or had an Information filed against you or been otherwise charged with a crime by any law enforcement authority anywhere in the United States or its possessions or any other country?
- Yes  No Have you ever been convicted, found guilty, or pled guilty or nolo contendere (no contest) to a felony under the laws of any municipality, county, state, territory or country, whether or not adjudication was withheld or a judgment of conviction was entered?
- Yes  No Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against you individually or against any entity in which you are or were an officer, director, partner, or owner?
- Yes  No Has any insurance agency that you are now or have you ever been, an officer, partner, joint venturer, shareholder, or owner, filed for protection under the Bankruptcy Act or been the subject of a petition for involuntary bankruptcy? (This does not include personal bankruptcy.)
- Yes  No Has any company ever refused to bond you?
- Yes  No Have you ever been refused a securities, real estate broker, or other license by a state agency or a public authority in any jurisdiction?
- Yes  No Have you ever had an application for a license declined or denied by this or any other insurance regulatory body?
- Yes  No Have you ever had any professional license subjected to any of the following actions by any state agency or public authority or any other regulatory authority in any jurisdiction:
- Revocation of an insurance license in Florida less than two years ago
  - Revocation in another state at any time or in Florida more than two years ago
  - Suspension
  - Placed on probation
  - Administrative fine or penalty levied
  - Cease and desist order entered
  - Revocation of a non-insurance license in Florida less than two years ago
- Yes  No Have you ever had any insurance agency contract terminated by an insurance company or managing general agent for any alleged cause?
- Yes  No Are you currently indebted to any insurer, managing general agent, agent, or premium finance company?
- Yes  No Have you failed to comply with any civil, criminal, or administrative action taken by a child support enforcement program under Title IV-D of the Social Security Act, 42 U.S.C. ss. 651 et seq., to determine paternity or to establish, modify, enforce, or collect support?
- Yes  No Have you filed a set of fingerprints with the Department's Bureau of Licensing within the past 12 months?
- Note: Please answer YES if you are applying for the 2-51 Home Warranty license, the 2-52 Service Warranty license or the 2-53 Automobile Warranty license as fingerprints are not required.

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## STEP 2: Application Specifics

Are you applying for a temporary or a permanent License or Registration?

- Permanent
- Temporary

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## STEP 2: Application Specifics

**If you currently hold or have applied for a license or registration in the last six months, it will not be displayed in the list below.**

Select one:

- 00-55 - Service Representative Agent
- 00-58 - Resident Navigator
- 00-60 - Resident Managing General Insurance Agent
- 01-20 - Resident Surplus Lines Insurance Agent
- 02-14 - Resident Life Including Variable Annuity Insurance Agent
- 02-15 - Resident Life Including Variable Annuity & Health Insurance Agent
- 02-19 - Resident Variable Annuity Insurance Agent
- 02-20 - Resident General Lines Insurance Agent (Property and Casualty)
- 02-21 - Resident Motor Vehicle Physical Damage and Mechanical Breakdown Insurance Agent
- 02-23 - Resident Motor Vehicle Rental Agent
- 02-29 - Resident Credit Insurance Agent
- 02-31 - Resident In-Transit & Storage Personal Property Insurance Agent
- 02-33 - Resident Industrial Fire and Burglary Insurance Agent
- 02-34 - Resident Limited Surety Agent (Bail Bond Agent)
- 02-37 - Resident Professional Bail Bond Agent
- 02-40 - Resident Health Insurance Agent
- 02-41 - Resident Travel Agent
- 02-51 - Resident Home Warranty Sales Representative
- 02-52 - Resident Service Warranty Sales Representative
- 02-53 - Resident Motor Vehicle Service Agreement Representative
- 02-56 - Resident Legal Expense Sales Representative
- 03-20 - Resident Public All Lines Insurance Adjuster
- 04-10 - Resident Title Insurance Agent
- 04-30 - Resident Crop, Hail and Multiple Peril Insurance Agent
- 04-40 - Resident Customer Representative Insurance Agent
- 06-20 - Adjuster - All Lines
- 20-32 - Portable Electronics Lead
- 20-44 - Resident Personal Lines Insurance Agent

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## STEP 2: Application Specifics

**If a question(s) below will not let you select "Yes" or "No", it means that you are not required to answer that question(s).**

What is your native language?

English

Highest level of education?

Some college

Yes **Are you a United States Citizen?**  
 No

Yes **Have you successfully completed all training for a navigator as required by the federal government or the exchange?**  
 No

Please note: US Department of Health and Human Services (HHS) has advised that if you successfully completed the navigator training and have been certified by them as a Marketplace Navigator they will email you or your employer your official certification document that has your navigator unique ID number assigned by HHS and the organization that has employed you as a navigator. Please provide this official certification that you have successfully completed all required training by the federal government and have been certified by them as a Marketplace Navigator. If you have questions regarding this requirement, please contact your employer or HHS.

Yes **Have you had any of the following actions taken against you in this or any other state:**

No

- Refused a financial services license (e.g. insurance or securities license)?
- Had a financial services license suspended or revoked (e.g. insurance or securities license)?
- Voluntarily surrendered a financial services license (e.g. insurance or securities license)?

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## STEP 2: Application Specifics

You have answered all questions for the following:

[delete](#)

00-58 - Resident Navigator

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Have you ever had any professional license subjected to any of the following actions by any state agency or public authority or any other regulatory authority in any jurisdiction:

- Revocation of an insurance license in Florida less than two years ago
- Revocation in another state at any time or in Florida more than two years ago
- Suspension
- Placed on probation
- Administrative fine or penalty levied
- Cease and desist order entered
- Revocation of a non-insurance license in Florida less than two years ago

Yes/No \_\_\_\_\_ No

Have you ever had any insurance agency contract terminated by an insurance company or managing general agent for any alleged cause?

Yes/No \_\_\_\_\_ No

Are you currently indebted to any insurer, managing general agent, agent, or premium finance company?

Yes/No \_\_\_\_\_ No

Have you filed a set of fingerprints with the Department's Bureau of Licensing within the past 12 months?

**Note:** Please answer YES if you are applying for the 2-51 Home Warranty license, the 2-52 Service Warranty license or the 2-53 Automobile Warranty license as fingerprints are not required.

Yes/No \_\_\_\_\_ Yes

I affirm that I understand I must maintain a valid email address on file with the Department.

Yes/No \_\_\_\_\_ Yes

What is your native language?

English \_\_\_\_\_ EN

Highest level of education?

Some college \_\_\_\_\_ SC

Have you successfully completed all training for a navigator as required by the federal government or the exchange?

Please note: US Department of Health and Human Services (HHS) has advised that if you successfully completed the navigator training and have been certified by them as a Marketplace Navigator they will email you or your employer your official certification document that has your navigator unique ID number assigned by HHS and the organization that has employed you as a navigator. Please provide this official certification that you have successfully completed all required training by the federal government and have been certified by them as a Marketplace Navigator. If you have questions regarding this requirement, please contact your employer or HHS.

Yes/No \_\_\_\_\_ Yes

Have you had any of the following actions taken against you in this or any other state:

- Refused a financial services license (e.g. insurance or securities license)?
- Had a financial services license suspended or revoked (e.g. insurance or securities license)?
- Voluntarily surrendered a financial services license (e.g. insurance or securities license)?

Yes/No \_\_\_\_\_ No

Have you failed to comply with any civil, criminal, or administrative action taken by a child support enforcement program under Title IV-D of the Social Security Act, 42 U.S.C. ss. 651 et seq., to determine paternity or to establish, modify, enforce, or collect support?

Yes/No \_\_\_\_\_ No

**Deficiencies:**

US Department of Health and Human Services (HHS) has advised that if you successfully completed the navigator training and have been certified by them as a Marketplace Navigator they will email you or your employer your official certification document that has your navigator unique ID number assigned by HHS and the organization that has employed you as a navigator. Please provide this official certification that you have successfully completed all required training by the federal government and have been certified by them as a "Marketplace Navigator". If you have questions regarding this requirement, please contact your employer or HHS. Proof of certification can be emailed to [AgentLicensing@MyFloridaCFO.com](mailto:AgentLicensing@MyFloridaCFO.com).

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### STEP 4: Affirmation Statement

#### Applicant Affirmation Statement

I do solemnly swear that all answers to the foregoing questions and statements are true and correct to the best of my knowledge and belief; that I have not withheld any information on myself that would in any way affect my qualifications.

I affirm and understand that, as provided in s. 626.112, only a person licensed as an insurance agent or customer representative may engage in the solicitation of insurance. A person who engages in the solicitation of insurance as described in s. 626.112(1) without such license is subject to the penalties provided under s. 626.112(9).

I affirm and understand that a navigator may not perform any of the following while acting as a navigator:

- Solicit, negotiate, or sell health insurance;
- Recommend the purchase of a particular health plan or represent one health plan as preferable over another;
- Recommend the purchase, assist with enrollment, or provide services related to health benefit plans or products not offered through the exchange other than providing information about Medicaid and the Children's Health Insurance Program (CHIP);
- Recommend or assist with the cancellation of insurance coverage purchased outside the exchange;
- Receive compensation or anything of value from an insurer, health plan, business, or consumer in connection with performing the activities of a navigator, other than from the exchange or an entity or individual who has received a navigator grant pursuant to 45 C.F.R. s. 155.210.

**I agree to the above statement.**

**Affirmation Name(s):**

First Name

Last Name

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### STEP 5: Checkout

Please select payment type below, then continue.

**Name:** JOHN NAVIGATOR

**Mailing Address:** 123 FIRST STREET  
TALLAHASSEE, FL 32303

**Applied For:** 00-58 - Resident Navigator

**Itemized Fees:** Application Fee: \$50.00  
**Total Amount Due:** \$50.00

**Pay By:**  Credit Card (Mastercard, Visa, American Express, Discover)

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Welcome to the Checkout section of the application. Once you have selected a payment type, you will be directed to the secure Bank Of America website where you can schedule your payment. After entering your payment information and confirming it with Bank Of America, Bank Of America will send you back to your application for a confirmation of payment. You may print both the Bank Of America and application confirmations for your records.

**Credit Cards:** We currently accept credit cards from MasterCard, Visa, American Express and Discover.

*Note: When entering the credit card information, the addresses must match the cardholder's billing address. An additional convenience fee is charged by the credit card companies of 3 percent of the transaction.*