

STATE OF NEW MEXICO
Office of Superintendent of Insurance
Producer Licensing Bureau

Instructions for Title License Application

Please take special care when completing your application
All filing fees are non-refundable or non-transferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.

NMSA 59A-12-13. Special requirements, title insurance agents.

The superintendent shall not issue or permit to remain in force an agent license as to title insurance except as to an applicant who, in addition to other applicable qualifications and requirements, owns, operates or controls an abstract plant consisting of a set of records in which an entry has been made of all documents or matters which under law impart constructive notice of matters affecting title to real property or any interest therein or encumbrance thereon, which have been filed or recorded in the county for which such title plant is maintained for a period of not less than twenty (20) years immediately prior to date of application for license.

- License Fee is \$30.00.
- Fees can be paid with a company check, money order, cashier's check, or personal check.
- **Make check or money order payable to OSI.**
- All licenses shall have the Business Mailing Address printed on the license.
- All resident applicants for a license and anyone wishing to activate a cancelled resident license MUST be fingerprinted as part of the application process. In addition, all nonresident applicants who are not fingerprinted in their home state will be required to comply with this requirement. **Applicant must attach a copy of the 3M Cogent Proof of Fingerprint Submission Receipt to their application. Your application will be considered incomplete and will not be processed if the 3M Cogent Proof of Fingerprint Submission Receipt is not submitted.**

Mailing Address: Producer Licensing Bureau, PO Box 1689, Santa Fe, NM 87504

Overnight Delivery: Producer Licensing Bureau, 1120 Paseo de Peralta, Rm 331, Santa Fe, NM 87501

Email: agents.licensing@state.nm.us

Telephone No.: 505-827-4601

IMPORTANT NOTICE

Any person who is engaged in the business of insurance and knowingly makes a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more than 10 years, or both, pursuant to 18 USC 1034 (1997).

State of New Mexico Application for Title License

1 NPN if applicable		2 If assigned, National Producer Number (NPN)					
3 Social Security Number				4 Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
5 Last Name JR./SR. etc		6 First Name		7 Middle Name		8 Date of Birth (month) ____ (day) ____ (year) ____	
9 Residence/Home Address (Physical Street)		10 P.O. Box	11 City		12 State	13 Zip Code	14 Foreign Country
15 Home Phone Number () -	16 Gender (Circle One) Male Female	17 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.)					
18 Business Entity Name							
19 Business Address (Physical Street)		20 P.O. Box	21 City		22 State	23 Zip Code	24 Foreign Country
25 Business Phone Number () -	26 Business Fax Number () -		27 Business E-Mail Address			28 Business Web Site Address	
29 Business Mailing Address		30 P.O. Box	31 City		32 State	33 Zip Code	34 Foreign Country
35 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.							
Agency or Business Entity Affiliations							
36 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity and ATTACH to this application FORM 202-B with a \$20 affiliation fee made payable to OSL.)							
FEIN	NPN	Name of Agency					
FEIN	NPN	Name of Agency					
37 Employment History							
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.							
Name		City	State	Foreign Country	From Month Year	To Month Year	Position Held
Name		City	State	Foreign Country			
Name		City	State	Foreign Country			
Name		City	State	Foreign Country			

License Type—select one: () Agent () Solicitor- must also complete solicitor appointment form.

38 **The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? 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 have a felony conviction, have you applied for a waiver as required by 18 USC 1033?

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) Yes ___ No ___

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

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

2. Have you held an insurance license in any state within the last five years? Yes ___ No ___

3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed 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. 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 (PLEASE LABEL EACH ITEM SENT):

- a) a written statement identifying the type of license 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.

4. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

5. Have you 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 ___ No ___

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

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

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

7. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

8. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

59A-12-13. Special requirements, title insurance agents.

The superintendent shall not issue or permit to remain in force an agent license as to title insurance except as to an applicant who, in addition to other applicable qualifications and requirements, owns, operates or controls an abstract plant consisting of a set of records in which an entry has been made of all documents or matters which under law impart constructive notice of matters affecting title to real property or any interest therein or encumbrance thereon, which have been filed or recorded in the county for which such title plant is maintained for a period of not less than twenty (20) years immediately prior to date of application for license.

DO YOU MEET THIS REQUIREMENT? Yes _____ No _____

Applicants Certification and Attestation

40 The Applicant must read the following very carefully:

1. 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.
2. 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.
3. 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
4. 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, or c) I have identified my child support obligation arrearage on this application.
5. 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 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
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month

Day

Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

41 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient. All fees are deemed earned when paid and shall not be refunded.
For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

Office of Superintendent of Insurance
Producer Licensing Bureau

NOTICE OF SOLICITOR APPOINTMENT

**Please take special care when completing this form.
All filing fees are non-refundable or non-transferable, whether or not the application is
processed.
NMSA 59A-6-1 All fees are earned when paid and are not refundable.**

Name of sponsoring Agent

SSN _____ License Number _____

Address

Notice is hereby given that effective from the date shown on this notice, the designated solicitor is appointed to transact the following kinds of business on my behalf.

Class Code and Line of Business

25 Title Guaranty	\$20.00
-------------------	---------

Name of Solicitor _____ SSN _____

Address _____

Sponsoring Agent Signature _____

Printed Name _____ Date _____

Telephone Number _____ Email Address _____

Mailing address: PO Box 1689, Santa Fe, New Mexico 87504
Overnight address: 1120 Paseo de Peralta, Room 331, Santa Fe, New Mexico 87501
Telephone number: (505) 827-4349
Email agents.licensing@state.nm.us