



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU - INSURANCE
 PO Box 327
 TRENTON, NJ 08625-0327

TEL (609) 292-4337
 FAX (609) 984-5263

Additional Authority Request Form

Name (as printed on license) : _____

NJ Insurance Producer license reference number: _____

National Association of Securities Dealers license or registration number, or State Securities license number: # _____

Residence Address: (individual licensees only)

Phone # _____

Business Address (Please enter name of business on the first line)

Phone # _____ Fax # _____ email _____

Mailing Address:

Producer Signature: _____ Date _____
 (for business licensees, signature of owner, officer or Designated Responsible Licensed Producer required)

Residents: Attach school certificate, or education waiver and education pass notice.

Non-Residents: Must have comparable line of authority in home state. Letter of Certification from home state not required if your record is available on the NAIC National Producer Database.

All licensees must attach check or money order for \$ 40 processing fee made payable to State of New Jersey Treasury. Circle each new authority requested: **LIFE; VARIABLE; ACCIDENT AND HEALTH OR SICKNESS; TITLE; PROPERTY; CASUALTY; PERSONAL LINES; SURPLUS LINES; BAIL BOND; CREDIT; GROUP MORTGAGE CANCELLATION; LEGAL; SELF STORAGE PERSONAL PROPERTY; LL CAR RENTAL; LL TRAVEL.**

Note: Requests for **REINSURANCE INTERMEDIATRY; MANAGING GENERAL AGENT; OR LIFE WITH VIATICAL**, specific application forms available at www.dobi.nj.gov