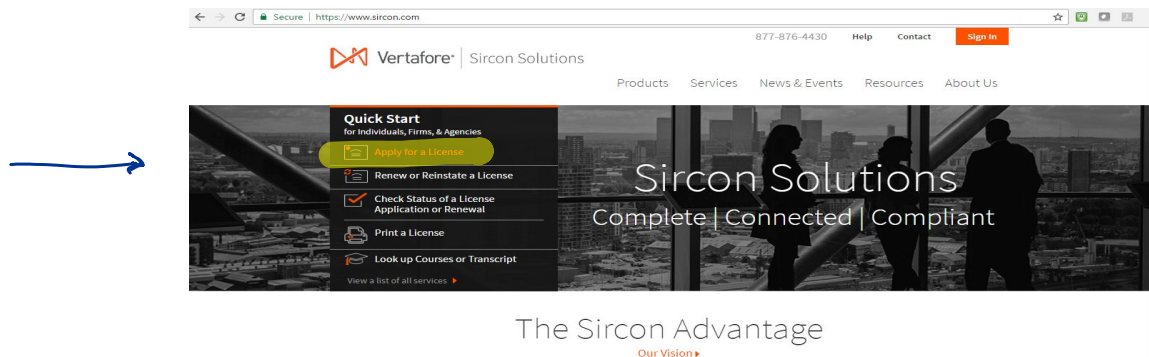


LICENSE APPLICATION – TEXAS

www.sircon.com

Using the **Quick Start** menu – Select **Apply for a License**



New Insurance License or Adding a Line of Authority

Select **New Insurance License**

The screenshot shows the 'License Applications' page. At the top, there's a section titled 'License Applications' with a blue information box stating: 'If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.' Below this, there are two links: 'Check the Status of an Existing Application' and 'Renew an Existing License'. The main section is titled 'NEW INSURANCE LICENSES' and contains a yellow highlighted text box: 'Start an application for a new license or add new lines of authority to an existing license'. To the right of this text box is a blue button labeled 'New Insurance License', which is pointed to by a blue arrow. Below this, there's a section titled 'NEW ADJUSTER LICENSES' with a text box: 'Start an application for a new adjuster license or add new lines of authority to an existing license' and a blue button labeled 'New Adjuster License'. At the bottom, there's a section titled 'OTHER LICENSES' with a text box: 'Additional non-resident licenses that do not require an active resident license on the National Producer Database' and a blue button labeled 'Other Licenses'. A small note at the bottom right says: 'You'll be able to select a license type on'.

After selecting New Insurance License – A drop down box will appear
Select

- Resident License
- Individual

Select Continue

License Applications

If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

NEW INSURANCE LICENSES

Start an application for a new license or add new lines of authority to an existing license [New Insurance License](#)

Is this a Resident or Non-Resident license? ☒ Resident ☐ Non-Resident

Are you an individual or a firm? ☒ Individual ☐ Firm

[Cancel](#) [Continue](#)

Enter Applicant's email address
And Continue

License Applications

Email Address:

[Why do you need my email?](#)

[Continue](#)

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Enter Applicant's Last Name and Social Security Number
Preparer – Select Applicant State – Select Texas

Individual Resident License Application

Last Name * Required

SSN * Required

Confirm SSN * Required

Preparer ☒ Applicant ☐ Authorized Submitter * Required

A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).

States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

AL applicants: All individual license applicants must submit proof of US citizenship by going to <https://aldoi.gov/LicenseeCZ/Initial.aspx> before your license is issued.

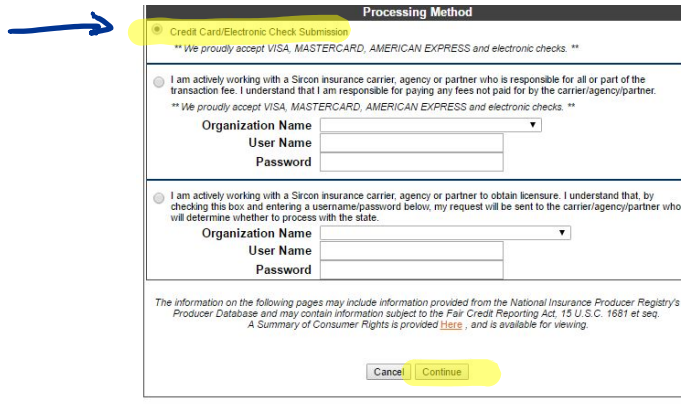
Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <http://www.oct.ga.gov/home.aspx>.

Alabama	Hawaii	Massachusetts	New Mexico	South Dakota
Alaska	Idaho	Michigan	North Carolina	Tennessee
Arizona	Illinois	Minnesota	North Dakota	Texas
Arkansas	Indiana	Mississippi	Ohio	Utah
California	Iowa	Missouri	Oklahoma	Vermont
Colorado	Kansas	Montana	Oregon	Virginia
Connecticut	Kentucky	Nebraska	Pennsylvania	Washington
Delaware	Louisiana	Nevada	Puerto Rico	West Virginia
District of Columbia	Maine	New Hampshire	Rhode Island	Wisconsin
Georgia	Maryland	New Jersey	South Carolina	Wyoming

States Accepting Paper License Applications

Processing Method – Select Credit Card

Press Continue



Processing Method

☒ **Credit Card/Electronic Check Submission**
** We proudly accept VISA, MASTERCARD, AMERICAN EXPRESS and electronic checks. **

☐ I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.
** We proudly accept VISA, MASTERCARD, AMERICAN EXPRESS and electronic checks. **

Organization Name
 User Name
 Password

☐ I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

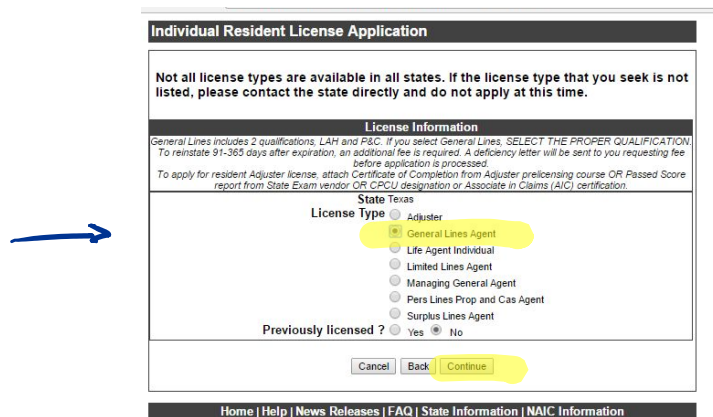
Organization Name
 User Name
 Password

The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq.
 A Summary of Consumer Rights is provided [here](#), and is available for viewing.

License Type –

Select – GENERAL LINES AGENT

CONTINUE



Individual Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time.

License Information
General Lines includes 2 qualifications: LAH and P&C. If you select General Lines, SELECT THE PROPER QUALIFICATION. To reinstate 91-365 days after expiration, an additional fee is required. A deficiency letter will be sent to you requesting fee before application is processed.
 To apply for resident Adjuster license, attach Certificate of Completion from Adjuster prelicensing course OR Passed Score report from State Exam vendor OR CPCU designation or Associate in Claims (AIC) certification.

State **Texas**

License Type ☐ Adjuster
☒ **General Lines Agent**
☐ Life Agent Individual
☐ Limited Lines Agent
☐ Managing General Agent
☐ Pers Lines Prop and Cas Agent
☐ Surplus Lines Agent

Previously licensed ? ☐ Yes ☒ No

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

Qualification Code

Select - **Life, Accident, Health & HMO**

Continue

Individual Resident License Application

Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.

Qualification Information for State of Texas: General Lines Agent

If this application is being submitted due to passing an examination, make sure the Exam License Type / Qualification matches the application's License Type / Qualification. If the License Type / Qual is not correct, back up to the beginning and select the correct options.

Qualification Code

* At least one qualification must be selected.

☒ Life, Accident, Health & HMO

☐ Property and Casualty

Individual Information:

Enter Applicant's – *Social Security No.

*First & Last Name

*Birth Date – **(make sure to use 02-10-1999 format – Not 02/10/1999)**

*Gender

***Citizen County Code - U.S. for U.S. Citizens – If Applicant is not a US Citizen select County and a copy of their Work Visa (Greencard) and Social Security Card must be obtained.**

* Business Email Address – (Note: I always put my email address for the Business email address – I receive notification of when the license is issued as well as notification of any requests for additional information)

* Applicant's email address

Individual Resident License Application

Individual Information

Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as. Disclosure of Social security Number is Required by the Texas Family Code §231.302.

Social Security Number: 639988275 * Required

National Producer Number: (blank)

First Name: Chuba * Required

Middle Name: (blank)

Last Name: Oyeke * Required

Suffix (Jr, Sr, etc.): (blank)

Birth Date: 05-20-1979 * Required (mm-dd-yyyy)

Gender: (blank) * Required

Citizen Country Code: (blank) * Required

Business Email Address: (blank) * Required

Applicant Email Address: coyeke@gmail.com * Required

Business Web Address: (blank)

FINRA CRD Identifier: (blank)

INDIVIDUAL ALIAS INFORMATION

If Applicant has changed names, ie: gotten married or had a legal name change,

Enter Each Name applicant has been known by

In the “Type” there is a drop down menu – **Select – Previously / Formally Known As**

Then enter First Name, Middle, & Last Name (Note if someone has been married 2-3 times, enter each of the previous names)

Individual Alias Information
The information in this section is optional. If you elect to provide this information, please enter all required fields. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval).

Type * Required
 First Name * Required
 Middle Name
 Last Name * Required
 Suffix Name

Type * Required
 First Name * Required
 Middle Name
 Last Name * Required
 Suffix Name

Type * Required
 First Name * Required
 Middle Name
 Last Name * Required
 Suffix Name

Individual Residence Address – Enter Applicant’s home address

Individual Residence Address

Line One * Required
 Line Two
 Line Three
 City * Required
 State * Required
 Postal Code * Required
 Country * Required

Individual Business Address – Usually will enter Applicant’s home address

Individual Business Address
The Business address must be the physical business address at which business records of insurance transactions are maintained. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.

Line One 15810 Park Ten Place * Required
 Line Two Suite 199
 Line Three
 City Houston * Required
 State Texas * Required
 Postal Code 77084 * Required
 Country United States * Required

Individual Mailing Address – Re-enter Applicant’s Mailing Address

Individual Phone Information – Enter Applicant’s Phone

Business Phone Information –

Business Fax Information –

Residence Phone Information

Phone Number979-422-9451 * Required

Business Phone Information

Daytime Phone Number

Phone Number713-623-1346 * Required

Extension

Business Fax Information

The information in this section is optional.
If you elect to provide this information, please enter all required fields.

Fax Number713-344-0893

Cancel

Back

Continue

←

←

←

Press Continue

EMPLOYMENT HISTORY INFORMATION:

You must enter 5 consecutive years of employment.

If Applicant was unemployed – put their name as employer and put “Unemployed” for position.

If an Applicant has several months gap on resume between employment, you can adjust dates to make sure you have no gaps in employment.

Homepage Pandora Internet Radi License Applications - Co X

Secure https://www.sircon.com/products/apply.jsp

Individual Resident License Application

Employment History Information

Please enter information into the sections below (at least one is required).
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.
If providing current employment, please enter current month and year as the end date.

Beginning Date 05-2010 * Required (mm-yyyy)
 Ending Date 01-2017 * Required (mm-yyyy)
 Employer Name KBR * Required
 City Houston * Required
 State Texas * Required
 Province * Required
 Country United States * Required
 Position Description Engineer * Required

Beginning Date * Required (mm-yyyy)
 Ending Date * Required (mm-yyyy)
 Employer Name * Required
 City * Required
 State * Required
 Province * Required
 Country * Required
 Position Description * Required

Cancel Back Continue

Affiliation Information – Applicant is not applying for a Agency License – Leave Blank

Affiliation Information

The information in this section is optional.
If you elect to provide this information, please enter all required fields.

Agency Name * Required
 Agency EIN * Required
 National Producer Number

Agency Name * Required
 Agency EIN * Required
 National Producer Number

Agency Name * Required
 Agency EIN * Required
 National Producer Number

Cancel Back Continue

Press Continue

INDIVIDUAL RESIDENT STATE SPECIFIC QUESTIONS

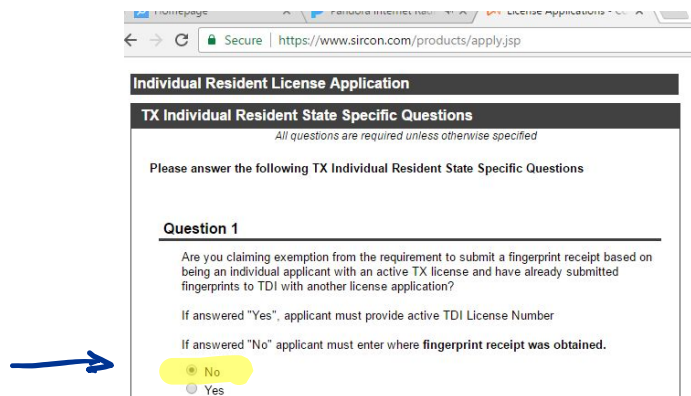
Question 1 – Fingerprints

Prior to completing the application, Applicant must have their fingerprints done. You must have a copy of the fingerprint receipt from Identgo in order to enter the UE ID number.

Question 1.

Answer “No” – Applicant is not exempt from fingerprinting if Applicant is applying for a new License in the State of Texas.

(Answer “Yes” – Only If Applicant has a current License for another Line of Authority.)



Individual Resident License Application

TX Individual Resident State Specific Questions

All questions are required unless otherwise specified

Please answer the following TX Individual Resident State Specific Questions

Question 1

Are you claiming exemption from the requirement to submit a fingerprint receipt based on being an individual applicant with an active TX license and have already submitted fingerprints to TDI with another license application?

If answered "Yes", applicant must provide active TDI License Number

If answered "No" applicant must enter where fingerprint receipt was obtained.

☒ No

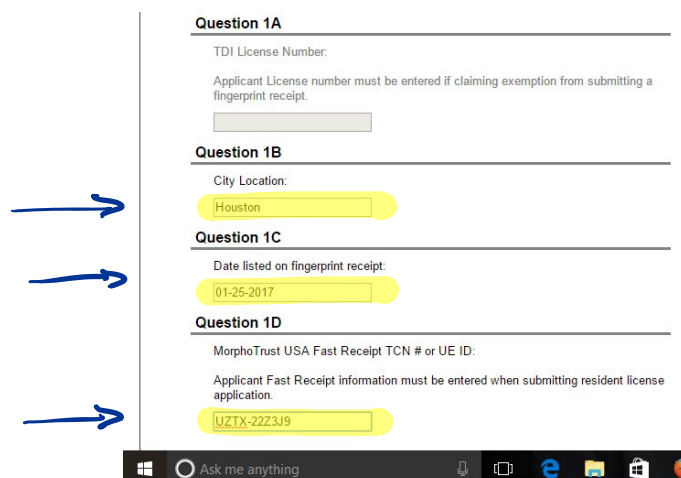
☐ Yes

Question 1A – Enter current License No. if already licensed.

Question 1B – Enter City where fingerprints were obtained

Question 1C – Enter the date fingerprints were completed

Question 1D – Enter UE ID No. listed on receipt



Question 1A

TDI License Number:

Applicant License number must be entered if claiming exemption from submitting a fingerprint receipt.

Question 1B

City Location:

Question 1C

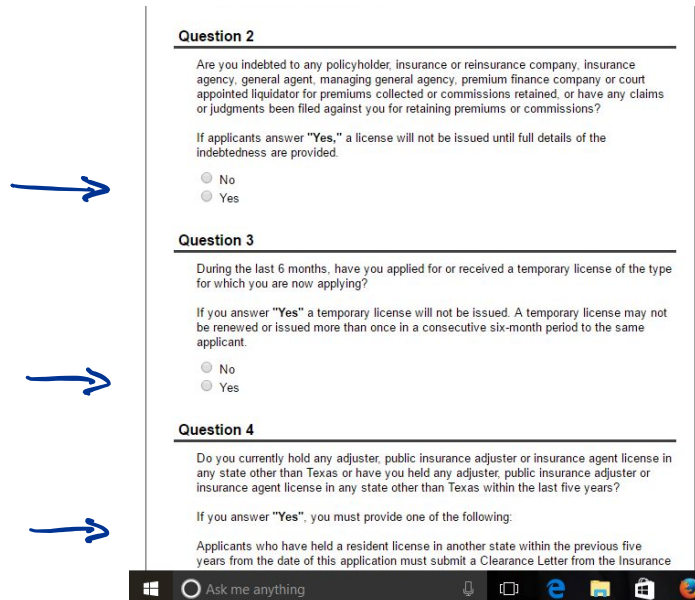
Date listed on fingerprint receipt:

Question 1D

MorphoTrust USA Fast Receipt TCN # or UE ID:

Applicant Fast Receipt information must be entered when submitting resident license application.

Questions 2, 3, 4 asked if the Applicant is indebted to any insurer, have they applied for a Temporary License in the last 6 months, or do they hold an Adjuster License.



Question 2

Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?

If applicants answer "Yes," a license will not be issued until full details of the indebtedness are provided.

☐ No
☐ Yes

Question 3

During the last 6 months, have you applied for or received a temporary license of the type for which you are now applying?

If you answer "Yes" a temporary license will not be issued. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.

☐ No
☐ Yes

Question 4

Do you currently hold any adjuster, public insurance adjuster or insurance agent license in any state other than Texas or have you held any adjuster, public insurance adjuster or insurance agent license in any state other than Texas within the last five years?

If you answer "Yes", you must provide one of the following:

Applicants who have held a resident license in another state within the previous five years from the date of this application must submit a Clearance Letter from the Insurance

Answer appropriately and press "Continue"

BACKGROUND QUESTIONS:

NOTE: PRIOR TO COMPLETING THE LICENSE APPLICATION – MAKE SURE TO ASK APPLICANT (VERY SPECIFICALLY) HAVE YOU EVER BEEN ARRESTED?

For any arrest – even though they may not have been convicted – must be disclosed. The questions are misleading in that they ask "Have you ever been convicted?" however, when the background check is run, any arrest will show up and puts the Applicant's License application in a pending status. This includes DWI, which is considered a traffic violation and is specifically excluded from convictions, it still shows up on the background.

For any Misdemeanor arrest, the Applicant must contact the Court in the jurisdiction which the charges were filed and obtain a copy of the Court Minutes for each arrest. Once they obtain the Court Minutes help them construct a statement in which outlines the details of each arrest, make sure to include the case outcome (fine, probation, or case dismissed, etc.).

These documents (Court Minutes and Signed Statement) should be prepared prior to beginning the State Application with Siron. Scan and save Statement and Court documents into a PDF format for attaching to the License Application.

If you answer Yes to Questions 1A, 1B, 1B1, 1B2, or 1C -YOU MUST ATTACH THE DOCUMENTS TO THIS APPLICATION.

TX Individual Resident Uniform Background Questions

All questions are required unless otherwise specified

Please answer the following TX Individual Resident Uniform Background Questions

Question 1

NOTE: For Questions 1a, 1b and 1c, "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 no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

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

Question 1A

Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- ☐ No
- ☒ Yes

Question 1B

Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- ☒ No
- ☐ Yes

Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- ☐ No
- ☐ Yes
- ☐ Not Applicable

Question 1B2

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

- ☒ No
- ☐ Yes
- ☐ Not Applicable

Question 1C

Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?

- ☒ No
- ☐ Yes

Questions 2, 3, 4, 5, and 6 are regarding any Administrative Proceedings against Applicant for any other licenses they may hold, have they ever been accused of Misappropriation of Funds, Do they have any delinquent tax obligations, etc..

Answer accordingly,

Press Continue

Question 2

Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?

"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, sanctioned 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company.

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 copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- ☐ No
☐ Yes

Question 3

Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

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

- ☐ No
☐ Yes

Question 4

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?

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

- ☐ No
☐ Yes

Comment

Question 5

Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration or mediation proceedings, and

Question 6

Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer yes, you must attach to this application:

- 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
- copies of all relevant documents.

- ☒ No
☐ Yes

Cancel Back Continue

ATTESTATION – If completing with Applicant over the telephone I usually will confirm that they understand all the answers they have provided are true and correct.

Check Agree

Press Continue

Individual Resident License Application

Attestation Information for State of Texas: General Lines Agent

If this application is being submitted due to passing an examination, make sure the Exam License Type / Qualification matches the application's License Type / Qualification. If the License Type/Qual is not correct, back up to the beginning and select the correct options.

Verify the background questions were answered correctly before you submit the application.

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 license revocation or denial of the license and may subject me to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, 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.

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 company.

I further certify that, under penalty of perjury: a) I have no child-support obligation, 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.

I authorize the jurisdictions to which this application is made 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 information.

I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

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.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

☒ I Agree* Required

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Fee Information:

Double check to make sure Licensing Application is for Life, Accident, Health & HMO.

Press Continue

Individual Resident License Application

Additional State Fee Information for State of Texas: General Lines Agent

Fees	Amount
Licensing Application Fee for Life, Accident, Health & HMO	\$50.00

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LICENSE APPLICATION SUMMARY

Confirm all information is correct. (Texas – General Lines – Life, Health, Accident)

YOU MUST CHECK BOX ACKNOWLEDGING FEES ARE NON-REFUNDABLE.

Individual Resident License Application

License Application Summary

State to Apply: Texas
Last Name: Oyeka
[Review License Application](#)

Delete	Dest. State	License Type	Qualification Type	Total State Fee
<input type="checkbox"/>	Texas	General Lines Agent	Life, Accident, Health & HMO	\$50.00
State Fee Total				\$50.00
Sircon Service Fee				\$8.50

Fee Summary	
Electronic Applications State Fee Total	\$50.00
Sircon Service Fee Total	\$8.50
Processing Fee Total	\$2.63
Total	\$61.13

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

☒ I understand that all license application fees are non-refundable.

[Click here to view additional state requirements](#)

Email Notifications:

Your business email should be entered here. This will send emails to you and to Applicant notifying of the issuance of the license as well as any requests for additional information.

Producer Edge Account – Re-enter Applicant’s email address. This will send them notifications for renewal of license once they license has been issued.

Press “Submit”. You will get an option to print the receipt page as well as receive and email with the confirmation. IT IS IMPORTANT TO PRINT THIS RECEIPT AS IT HAS THE TRANSACTION NUMBER ON IT. YOU WILL ONLY BE ABLE TO CHECK THE STATUS OF AN APPLICATION WITH THIS TRANSACTION NUMBER.

☒ I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

☒ Use my information to create a ProducerEdge account so I can track and manage my license credentials and continuing education (CE) requirements for free. [What's this?](#)

ProducerEdge account email:

Confirm your email to sign up:

[Terms & Conditions](#)