Please read the form carefully and complete all information requested. The form must be completed and signed by the applicant. Please return the completed form to the Department of Commerce at the above address. Keep a copy for your records. For further information, applicants may contact the Division at (651) 539-1748 or via e-mail, tuan.tran@state.mn.us. This form is available on the Department of Commerce insurance website: www.insurance.state.mn.us.

To the Commissioner of Commerce:

The undersigned hereby makes notification of an exemption from licensure pursuant to the provisions of Minnesota Statutes, Section 60A.9572, subd. 3.

APPLICANT INFORMATION

_____________________________________________________________________________________
Name

_____________________________________________________________________________________
Principal Street Address and Suite or Room Number (P.O. Boxes are not acceptable)

City State Zip Code County

( ) ( ) ______________________________________________________
Phone Number Fax Number E-Mail Address

Minnesota Insurance Producer License Number: ______________________

National Producer Number: ______________________

FEE

☐ Attach a check (only) for $100 made payable to “Minnesota Department of Commerce.”
I hereby certify that I am an insurance producer who is currently licensed in Minnesota with the life line of authority and that I have been so licensed in Minnesota in good standing for at least one year. I acknowledge and agree that any misrepresentation or omission of a material fact with respect to the foregoing representation shall, unless expressly waived by the Commissioner of Commerce, constitute fraud in the inducement and grounds for denial of approval in this or any other matter and may subject me to other legal sanctions.

____________________________________
Signature                                                       Date

Subscribed and sworn to before me, a Notary Public, this ____________ day of _______________, ______

________________________________________                         State of __________________________
Notary Public Signature               County of __________________________
My Commission Expires_______________

NOTARY SEAL