

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION

WORKERS' COMPENSATION LICENSE APPLICATION

APPLICATION FEE REQUIRED: \$78.00

1. _____ DATE: _____
LAST NAME, FIRST, MIDDLE (OR INITIAL)

2. _____
EMPLOYER NAME, STREET ADDRESS, CITY, STATE, ZIP CODE

EMPLOYER MAILING ADDRESS (IF DIFFERENT) BUSINESS TELEPHONE

3. _____
RESIDENCE ADDRESS, CITY, STATE, ZIP HOME TELEPHONE

4. _____
DATE OF BIRTH BIRTHPLACE/CITY, STATE

5. TYPE OF LICENSE REQUESTED (CIRCLE ONE)
CORPORATION INDIVIDUAL SOLE PROPRIETORSHIP PARTNERSHIP

6. ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED IN ANY CAPACITY BY
ANY STATE DEPARTMENT OF INSURANCE? (CIRCLE ONE) YES NO

IF YES, LIST THE TYPE OF LICENSE AND DATES YOU HELD THAT LICENSE:

TYPE OF LICENSE LICENSE NUMBER DATE

7. **PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK 1 OF THE 3 WILL RESULT IN DENIAL OF THE APPLICATION).**

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and I am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

8. DO YOU NOW OR HAVE YOU **EVER HELD** ANY LICENSE ISSUED BY ANY OTHER DEPARTMENT, DIVISION, OR ENITT OF THE STATE OF NEVADA?

<u>TYPE</u>	<u>ENTITY</u>	<u>NUMBER</u>	<u>DATE</u>
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9. A. Has any license applied for or issued to you by any public authority ever been denied, suspended or revoked?

YES NO

B. Have you ever been arrested, charged or convicted of a felony?

YES NO

C. Have you ever been arrested, charged or convicted of a misdemeanor (other than that of a traffic violation)?

YES NO

D. Have you ever been permitted to change a plea of guilty after conviction or had a verdict vacated?

YES NO

E. Have you ever received an Executive Pardon?

YES NO

F. Have you ever pleaded "nolo contendere" to any charges?

YES NO

G. Have you ever been refused a bond by any company?

YES NO

H. Has any bond been canceled for cause?

YES NO

ANY "YES" ANSWER ON QUESTION #9 A-H REQUIRES A SEPARATE DETAILED EXPLANATION/STATEMENT. Include all dates, locations, basis of charges and legal documentation indicating the final disposition of the matter.

10. EDUCATION: _____
HIGH SCHOOL COMPLETION DATE DIPLOMA

UNDERGRADUATE SCHOOL COMPLETION DATE DEGREE

GRADUATE SCHOOL COMPLETION DATE DEGREE

11. LIST RESIDENCE ADDRESSES FOR THE PAST 5 YEARS:

12. LIST YOUR ACTUAL WORKERS' COMPENSATION REPRESENTATION EXPERIENCE OVER THE PAST 5 YEARS (include number of hours):

*** * * CERTIFICATION * * ***

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief. I also hereby agree to the disclosure and release of any information pertinent to this application held by any person or educational, law enforcement, governmental or business entity.

DATED this _____ day of _____, 20_____

ORIGINAL SIGNATURE OF APPLICANT

SUBSCRIBED TO AND SWORN BEFORE ME THIS
_____ DAY OF _____, 20_____

NOTARY PUBLIC

(SEAL)