

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

**INDIVIDUALS ONLY**  
**COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT**  
**INSURANCE PRODUCER AND TITLE AGENT LAPSED LICENSE RENEWAL FORM**

Please allow 4 to 6 weeks for processing. WE NO LONGER MAIL LICENSES. Print a copy of your renewed license from our web site at [www.insurance.pa.gov](http://www.insurance.pa.gov) (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link).

NOTICE: Since you are renewing a lapsed license you **must** mail this completed form to us along with a lapsed license fee of \$165.00. This must be done within one year from the date of expiration of the license. All CE requirements must be satisfied before your license can be reinstated. All license fees are non-refundable.

**MANDATORY BACKGROUND INFORMATION**

- YES  NO 1. Since the last renewal or initial application in this state, have you been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (If yes, please email an explanation to our Compliance Division at [ra-in-compliance@state.pa.us](mailto:ra-in-compliance@state.pa.us).)
- YES  NO 2. Since the last renewal or initial application in this state, have you been subject to an administrative action, penalized or fined, had an insurance producer license or other financial services license or its equivalent refused, suspended or revoked by a Governmental entity or is any such action now pending? (If yes, please email an explanation to our Compliance Division at [ra-in-compliance@state.pa.us](mailto:ra-in-compliance@state.pa.us).)
- YES  NO 3. Since the last renewal or initial application in this state, have you failed to comply with an administrative or court order imposing a child support obligation? (If yes, please email an explanation to our Compliance Division at [ra-in-compliance@state.pa.us](mailto:ra-in-compliance@state.pa.us).)
- YES  NO 4. Since the last renewal or initial application in this state, have you failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? (If yes, please email an explanation to our Compliance Division at [ra-in-compliance@state.pa.us](mailto:ra-in-compliance@state.pa.us).)

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed. (Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)

Applicant name (Printed or Typed)

Applicant Signature

Date

**COMPLETE THE SECTION BELOW ONLY IF YOUR ADDRESS HAS CHANGED.**

Business Address	Residence Address
Name:	Name:
Street Address:	Street Address:
City State Zip Code:	City State Zip Code:
Telephone:	Telephone:

This completed form should be mailed to the following address:

Pennsylvania Insurance Department  
Bureau of Licensing and Enforcement  
1209 Strawberry Square  
Harrisburg, Pa 17120

Make checks payable to: Commonwealth of PA