



11. Has the applicant, or any one (1) if its incorporators, owners, partners, officers, directors or employees performing utilization reviews had any of the following, in this state or any other state, since the last application for renewal was filed:

Yes No

an application for a utilization review agent license or similar license denied, revoked, or suspended

paid a fine or forfeiture in connection with such license

had any professional, vocational or business license denied, suspended or revoked by any public authority

If the answer to any item is yes, then attach a complete explanation.

12. Attach a PAYMENT made payable to the Missouri Department of Commerce and Insurance in the total amount of \$1,000. Hereafter the annual registration fee of \$500 is due not later than the anniversary date of the original certification.

13. The applicant certifies that s/he has completed this application or that s/he has read the application and knows its contents and its attachments; that to the best of his/her knowledge and belief the statement made upon this application and upon all attachments is true, correct, and complete in every material respect; do not contain any statement which, under the circumstances under which it was made, would be false or misleading in respect to any material fact; and that s/he has read and understands the laws of the state of Missouri pertaining to utilization review and utilization review agents. The applicant further certifies, that it complies with all laws regulating Utilization Review Agents, including Sections 374.510 and 376.1350 - 376.1390, RSMo.

<p>IF THE APPLICANT IS AN <b>INDIVIDUAL</b></p>	<p>INDIVIDUAL SIGNATURE</p> <p><input checked="" type="checkbox"/></p>
	<p>TYPE INDIVIDUAL NAME</p>
<p>IF THE APPLICANT IS A <b>PARTNERSHIP</b></p>	<p>PARTNER SIGNATURE</p> <p><input checked="" type="checkbox"/></p>
	<p>TYPE MANAGING GENERAL PARTNER NAME</p>
<p>IF THE APPLICANT IS A <b>CORPORATION/LLC</b></p>	<p>OFFICER SIGNATURE</p> <p><input checked="" type="checkbox"/></p>
	<p>TYPE OFFICER NAME AND TITLE</p>

14. MAIL THIS COMPLETED APPLICATION AND FEE TO:

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
P.O. BOX 4001  
JEFFERSON CITY MO 65102-4001

OR EMAIL THE COMPLETED APPLICATION PACKET TO [REGULATORY.SERVICES@DCI.MO.GOV](mailto:REGULATORY.SERVICES@DCI.MO.GOV). ONCE RECEIVED, YOU WILL BE PROVIDED WITH FURTHER INSTRUCTION ON HOW TO SUBMIT ELECTRONIC PAYMENT.



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**CLIENT INFORMATION FOR UTILIZATION REVIEW AGENTS**

CLIENT NAME	NAIC CODE	COMPLETE ADDRESS	PHONE NUMBER	CONTACT NAME	CONTACT EMAIL ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					