



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**APPLICATION FOR NAVIGATOR LICENSE RENEWAL**

Email Application To: dci.ins.deposit@insurance.mo.gov

Mail: Missouri Department of Commerce and Insurance

P.O. Box 4001

Jefferson City, MO 65102

Questions: licensing@insurance.mo.gov

Have you or an immediate family member ever served in the U.S. Armed Forces?  
 If yes, please check the box if you would like information about military-related services in Missouri.

**PLEASE TYPE**

1. SOCIAL SECURITY NUMBER			2. DATE OF BIRTH		3. NPN	
4. LAST NAME		JR./SR., ETC.		5. FIRST NAME		6. MIDDLE NAME
7. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)			8. P.O. BOX	9. CITY		10. STATE
						11. ZIP CODE
						12. COUNTRY
13. HOME TELEPHONE NUMBER			14. MOBILE TELEPHONE NUMBER			15. PERSONAL EMAIL ADDRESS
16. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female	17. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?					
18. APPLICANT'S MAILING ADDRESS		19. P.O. BOX		20. CITY		21. STATE
						22. ZIP CODE
						23. COUNTRY

**BACKGROUND INFORMATION**

24. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime, which has not been previously reported to this insurance department?  YES  NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: 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 misdemeanor juvenile convictions.

"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, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

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

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

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department?  YES  NO

"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 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. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, 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) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

3. Have you failed to pay state or federal income tax, which has not been previously reported to this insurance department?  YES  NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax, which has not been previously reported to this insurance department?  YES  NO

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

- a) a written statement explaining the circumstances of each administrative or court order;
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);

**BACKGROUND INFORMATION**

- c) a certified copy of each administrative or court order, judgment, and/or lien; and
- d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty, which has not been previously reported to this insurance department?  YES  NO

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

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?  YES  NO

Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?  YES  NO

Have you or any business in which you are or were a 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, which has not been previously reported to this insurance department?  YES  NO

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

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navigator license, and
- b) copies of all relevant documents.

6. Do you currently have or have you had a child support obligation, which has not been previously reported to this insurance department?  YES  NO

If you answer yes:

- a) are you in arrearage?  YES  NO
- b) by how many months are you in arrearage? \_\_\_\_\_ months
- c) what is the total amount of your arrearage? \_\_\_\_\_
- d) are you currently subject to a repayment agreement to cure the arrearage?  YES  NO
- e) are you in compliance with said repayment agreement?  YES  NO
- f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)  YES  NO
- g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?  YES  NO

**EMPLOYMENT HISTORY**

25. Account for all time for the past five years. List 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.

NAME	FROM		TO		POSITION HELD
	MONTH	YEAR	MONTH	YEAR	
CITY	STATE	COUNTRY			
CITY	STATE	COUNTRY			
CITY	STATE	COUNTRY			
CITY	STATE	COUNTRY			
CITY	STATE	COUNTRY			

**APPLICANT'S CERTIFICATION AND ATTESTATION**

26. The Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that 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.
2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.
4. I further certify, under penalty of perjury, that 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.
5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

DATE (MONTH/DAY/YEAR)

**BUSINESS ENTITY INFORMATION - MUST BE COMPLETED BY CURRENT EMPLOYER**

27. BUSINESS ENTITY NAME

28. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)	29. P.O. BOX	30. CITY	31. STATE	32. ZIP CODE	33. COUNTRY
34. BUSINESS TELEPHONE NUMBER	35. BUSINESS FAX NUMBER	36. BUSINESS E-MAIL ADDRESS		37. BUSINESS WEBSITE ADDRESS	

38. LIST ALL DBAS, FICTITIOUS, TRADE NAMES YOU HAVE USED IN THE PAST.

39. Is the Business Entity a licensed Navigator Business Entity?  YES  NO
- If no, the Business Entity is exempt as a result of being:
- 1) An entity or person licensed as an insurance producer in this state with authority for health under section 375.014  YES  NO
  - 2) A law firm or licensed attorney  YES  NO
  - 3) A health care provider, provided that:  YES  NO
    - a) The health care provider does not receive any funds from the United States Department of Health and Human Services or a health exchange operating in this state to act as a navigator; and
    - b) The activities or functions performed are related to advising, assisting, or counseling patients regarding private or public coverage or financial matters related to medical treatments or government assistance programs.

PRINT AUTHORIZED NAME	AUTHORIZED SIGNATURE	TITLE	DATE
-----------------------	----------------------	-------	------

**INSTRUCTIONS**

1. All applicants must submit a \$25 application fee in the form of a check or money order, made payable to Department of Commerce and Insurance
2. Submit the Federal Certified Marketplace Navigator Certificate or equivalent (Certified Application Counselor, In-Person Assister, or Health Center Outreach, and Enrollment Assistance Worker), if applicable
3. Submit Navigator Continuing Education Certification Summary (MO 375-0894) to show compliance with section 376.2006, RSMo and 20 CSR 400-11.120.

**Email Completed Application and Attachments To:** dci.ins.deposit@insurance.mo.gov

Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

**OR**

**Mail Completed Application and Attachments to:**

Missouri Department of Commerce and Insurance

P.O. Box 4001

Jefferson City, MO 65102

Payment will be in the form of a check or money order.