

Go to <https://www.sircon.com>.

Click “Apply for a License”.



[Solutions](#) [Services](#) [Resources](#) [About Us](#)

[Support](#) [Product Login](#)

## Complete. Connected. Compliant.

Sircon helps you save money, reduce compliance risk, and accelerate time-to-revenue by getting and keeping agents / advisors authorized to sell.

Apply for a License

Renew or Reinstatement a License

Check Application / Renewal Status

Print a License

Look up Courses or Transcript

View a list of all services

Click “New Adjuster License”.

### License Applications

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#)

[Renew an Existing License](#)

### NEW INSURANCE LICENSES

Start an application for a new license or add new lines of authority to an existing license

[New Insurance License](#)

### NEW ADJUSTER LICENSES

Start an application for a new adjuster license or add new lines of authority to an existing license

[New Adjuster License](#)

### OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database

[Other Licenses](#)

You'll be able to select a license type on following screens

Select the following and click Continue.

### NEW ADJUSTER LICENSES

Start an application for a new adjuster license or add new lines of authority to an existing license

[New Adjuster License](#)

Are you an individual or a firm?	<input checked="" type="radio"/> Individual	<input type="radio"/> Firm
Are you licensed as an adjuster in your resident state?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Are you applying for a resident license? <small>*If you are applying for or using a designated home state license, please select 'No'</small>	<input checked="" type="radio"/> Yes	<input type="radio"/> No

[Cancel](#) [Continue](#)

Enter your email. This is where they will email you a copy of the license.

### License Applications

Email Address:

[? Why do you need my email?](#)

[Continue](#)

## Individual Resident License Application

Last Name  \* Required

SSN  \* Required

Confirm SSN  \* Required

Preparer  Applicant  Authorized Submitter \* Required

**A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).**

### States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

AL applicants: All individual license applicants must submit proof of US citizenship by going to <https://aldol.gov/LicenseeCZ/Initial.aspx> before your license is issued.

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <http://www.oci.ga.gov/home.aspx>.

- |  |                                 |                                     |                                      |  |
|--|---------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Alabama              | <input type="radio"/> Hawaii    | <input type="radio"/> Massachusetts | <input type="radio"/> New Mexico     | <input type="radio"/> Tennessee        |
| <input type="radio"/> Alaska               | <input type="radio"/> Idaho     | <input type="radio"/> Michigan      | <input type="radio"/> North Carolina | <input checked="" type="radio"/> Texas |
| <input type="radio"/> Arizona              | <input type="radio"/> Illinois  | <input type="radio"/> Minnesota     | <input type="radio"/> North Dakota   | <input type="radio"/> Utah             |
| <input type="radio"/> Arkansas             | <input type="radio"/> Indiana   | <input type="radio"/> Mississippi   | <input type="radio"/> Ohio           | <input type="radio"/> Vermont          |
| <input type="radio"/> California           | <input type="radio"/> Iowa      | <input type="radio"/> Missouri      | <input type="radio"/> Oklahoma       | <input type="radio"/> Virginia         |
| <input type="radio"/> Colorado             | <input type="radio"/> Kansas    | <input type="radio"/> Montana       | <input type="radio"/> Oregon         | <input type="radio"/> Washington       |
| <input type="radio"/> Connecticut          | <input type="radio"/> Kentucky  | <input type="radio"/> Nebraska      | <input type="radio"/> Pennsylvania   | <input type="radio"/> West Virginia    |
| <input type="radio"/> Delaware             | <input type="radio"/> Louisiana | <input type="radio"/> Nevada        | <input type="radio"/> Puerto Rico    | <input type="radio"/> Wisconsin        |
| <input type="radio"/> District of Columbia | <input type="radio"/> Maine     | <input type="radio"/> New Hampshire | <input type="radio"/> South Carolina | <input type="radio"/> Wyoming          |
| <input type="radio"/> Georgia              | <input type="radio"/> Maryland  | <input type="radio"/> New Jersey    | <input type="radio"/> South Dakota   |  |

### States Accepting Paper License Applications

There are currently no states accepting paper license applications.

### Processing Method

Credit Card/Electronic Check Submission

\*\* We proudly accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.

\*\* We proudly accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

Organization Name

User Name

Password

I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

## Individual Resident License Application

**Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time.**

### License Information

*General Lines includes 2 qualifications, LAH and P&C. If you select General Lines, SELECT THE PROPER QUALIFICATION.*

*To apply for resident Adjuster license, attach Certificate of Completion from Adjuster precensing course OR Passed Score report from State Exam vendor OR CPCU designation or Associate in Claims (AIC) certification.*

*To apply for an emergency adjuster general lines license, click Temporary General Lines ER Adj.*

State **Texas**

License Type  Adjuster

- General Lines Agent
- Life Agent Individual
- Limited Lines Agent
- Managing General Agent
- Pers Lines Prop and Cas Agent
- Surplus Lines Agent
- Temporary General Lines ER Adj

Previously licensed ?  Yes  No

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

Copyright © 1998-2018 Siroon Corp. | [Email Support](#) | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823

## Individual Resident License Application

*Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.*

### Qualification Information for State of Texas: Adjuster

*If this application is being submitted due to passing an examination, make sure the Exam License Type/Qualification matches the application's License Type/Qualification. If the License Type/Qual is not correct, back up to the beginning and select the correct options. If you choose to obtain a license for both Adjuster - P&C and Adjuster - Workers Comp, please select Adjuster - All Lines qualification.*

### Qualification Code

\* At least one qualification must be selected.

- Adjuster - All Lines       Adjuster - P&C       Adjuster - Worker's Comp.

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

Copyright © 1998-2018 Siroon Corp. | [Email Support](#) | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823

## Individual Resident License Application

### Individual Information

Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as. Disclosure of Social security Number is Required by the Texas Family Code §231.302.

Social Security Number  \* Required

National Producer Number

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix (Jr, Sr, etc.)

Birth Date  \* Required (mm-dd-yyyy)

Gender  \* Required

Citizen Country Code  \* Required

Business Email Address  \* Required

Applicant Email Address  \* Required

Business Web Address

FINRA CRD Identifier

## Individual Alias Information

*The information in this section is optional.*

*If you elect to provide this information, please enter all required fields.*

*List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)*

Type   \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

Type   \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

Type   \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

Type   \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

[Add More Individual Alias Information](#)

### Individual Residence Address

Line One  \* Required

Line Two

Line Three

City  \* Required

State  \* Required

Postal Code  \* Required

Country  \* Required

### Individual Business Address

The Business address **must be** the physical business address at which business records of insurance transactions are maintained. **DO NOT** enter a P.O. Box address. Do not enter punctuation in any address field.

Line One  \* Required

Line Two

Line Three

City  \* Required

State

Postal Code  \* Required

Country  \* Required

### Individual Mailing Address

This **must be** your official permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Do not enter punctuation in any address field.

Line One  \* Required

Line Two

Line Three

City  \* Required

State

Postal Code  \* Required

Country  \* Required

## Residence Phone Information

Phone Number  \* Required

## Business Phone Information

*Daytime Phone Number*

Phone Number  \* Required

Extension

## Business Fax Information

*The information in this section is optional.  
If you elect to provide this information, please enter all required fields.*

Fax Number

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

Copyright © 1998-2018 Siroon Corp. | [Email Support](#) | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823



## Individual Resident License Application

### Employment History Information

Please enter information into the sections below (at least one is required).

Account for all time for the past five years. Give 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. If providing current employment, please enter current month and year as the end date.

<b>Beginning Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Ending Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Employer Name</b>	<input type="text"/>	* Required
<b>City</b>	<input type="text"/>	* Required
<b>State</b>	<input type="text"/>	
<b>Province</b>	<input type="text"/>	
<b>Country</b>	<input type="text"/>	* Required
<b>Position Description</b>	<input type="text"/>	* Required
<b>Beginning Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Ending Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Employer Name</b>	<input type="text"/>	* Required
<b>City</b>	<input type="text"/>	* Required
<b>State</b>	<input type="text"/>	
<b>Province</b>	<input type="text"/>	
<b>Country</b>	<input type="text"/>	* Required
<b>Position Description</b>	<input type="text"/>	* Required
<b>Beginning Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Ending Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Employer Name</b>	<input type="text"/>	* Required
<b>City</b>	<input type="text"/>	* Required
<b>State</b>	<input type="text"/>	
<b>Province</b>	<input type="text"/>	
<b>Country</b>	<input type="text"/>	* Required
<b>Position Description</b>	<input type="text"/>	* Required
<b>Beginning Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Ending Date</b>	<input type="text"/>	* Required (mm-yyyy)
<b>Employer Name</b>	<input type="text"/>	* Required
<b>City</b>	<input type="text"/>	* Required

## Affiliation Information

The information in this section is optional.  
If you elect to provide this information, please enter all required fields.

**Agency Name**  \* Required

**Agency EIN**  \* Required

**National Producer Number**

**Agency Name**  \* Required

**Agency EIN**  \* Required

**National Producer Number**

**Agency Name**  \* Required

**Agency EIN**  \* Required

**National Producer Number**

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

## Individual Resident License Application

### Texas Adjuster License Questions

*All questions are required unless otherwise specified*

#### Please answer the following Texas Adjuster License Questions

*In order to apply for resident Adjuster, you must attach one of the following documents:  
Certificate of Completion from the completed Adjuster pre-licensing course  
Passed Score report received from the State Exam vendor  
CPCU designation or Associate in Claims (AIC) certification.*

#### Question 1

*Please attach the required document once you submit the application.*

Which type of document are you attaching?

- A. Certificate of Completion from Adjuster pre-licensing course  
 B. Passed Score report from State Exam vendor  
 C. Attached my CPCU designation or Associate In Claims (AIC) certification

#### Question 2

*Application will be rejected without Fingerprint information, fees will not be refunded. Resident applicants must provide the information found on their Morpho Trust receipt in the comment field unless the applicant has an active TDI license and submitted fingerprints to TDI with another submission. Fingerprints will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.*

Are you claiming exemption from the requirement to submit a fingerprint receipt based on being an individual applicant with an active TX license and have already submitted fingerprints to TDI with another license application?

- No  
 Yes

#### Question 3

If Yes, please enter the following information  
TDI License Number:

#### Question 4

MorphoTrust USA Receipt TCN # or UE ID:

#### Question 5

City Location:

### Question 6

---

Date listed on fingerprint receipt (must be in mm-dd-yyyy format):

### Question 7

---

*Please attach the required document once you submit the application.*

Fingerprint receipt will be attached to this application.

- No  
 Yes

### Question 8

---

Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?

- No  
 Yes

### Question 9

---

Do you currently hold any adjuster, public insurance adjuster or insurance agent license in any state other than Texas or have you held any adjuster, public insurance adjuster or insurance agent license in any state other than Texas within the last five years.

- No  
 Yes

### Question 10

---

Have you read TX State Specific Requirements?

[https://pdb.nipr.com/html/SSR/Texas\\_ERL.htm](https://pdb.nipr.com/html/SSR/Texas_ERL.htm)

- No  
 Yes

### Question 11

---

Provide the Name of the firm or insurer with whom the adjuster will be employed or, if self-employed, enter the applicant's name:

## Individual Resident License Application

### Uniform Background Questions - Individual

*All questions are required unless otherwise specified*

#### Please answer the following Uniform Background Questions - Individual

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

#### Question 1

**NOTE:** For Questions 1a, 1b and 1c, "**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 or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

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

#### Question 1A

Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, 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 juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- No
- Yes

#### Question 1B

Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- No
- Yes

#### Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- No
- Yes
- Not Applicable

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- No
- Yes

---

**Question 1B1**

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- No
- Yes
- Not Applicable

---

**Question 1B2**

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

- No
- Yes
- Not Applicable

---

**Question 1C**

Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?

- No
- Yes

## Question 2

---

Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?

"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, sanctioned 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or 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 copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- No  
 Yes

## Question 3

---

Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

- No  
 Yes

#### Question 4

---

Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s):

- No  
 Yes

Comment

#### Question 5

---

Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

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

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

- No  
 Yes

#### Question 6

---

Have you or any business in which you are or were an owner, partner, officer or director, or 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?

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 an insurance license, and
- b) copies of all relevant documents.

- No  
 Yes



### Question 7

---

Do you have a child support obligation in arrearage?

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

- No  
 Yes

### Question 7A

---

By how many months are you in arrearage?

\_\_\_\_\_

### Question 7B

---

Are you currently subject to and in compliance with any repayment agreement?

- No  
 Yes

### Question 7C

---

Are you the subject of a child support related subpoena/warrant?

- No  
 Yes

Home