

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



**REGISTRATION FOR PRE-LICENSING
 AUTHORIZED PROVIDER OFFICIAL
 APPROVAL**

Provider Name:	Provider ID#:
Provider Address:	Phone:
	Internet Address:
Full Name:	SS#:
Residence Address:	Business Address:
Phone	Phone

Below questions are relevant to the Authorized Provider Official applicant. If any questions are answered "YES", attach a statement providing complete detail.

1. Do you currently hold a resident insurance license in Ohio? Yes No
2. Do you currently hold a resident insurance license in another state? Yes No
3. Have you ever been, or are you currently, affiliated with any other pre-licensing education program? Yes No
4. Have you ever been refused a license or approval; or has your license or approval ever been suspended or revoked or has this or any other insurance department ever fined you; or have you ever surrendered your license or approval for cause in lieu of action by any state insurance department? Yes No
5. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No

Certification of Authorized Provider Official:

I hereby certify that I have read the Superintendent's Administrative regulations regarding courses, instructors and general information and that the school and its employees will comply fully with the Superintendent's requirements relating to the conduct of insurance pre-licensing courses. I also certify the information provided is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make a full disclosure constitutes grounds for denial of approval or suspension/revocation of approval.

 Name (Type or Print)

 Date

 Signature

()

 Telephone Number