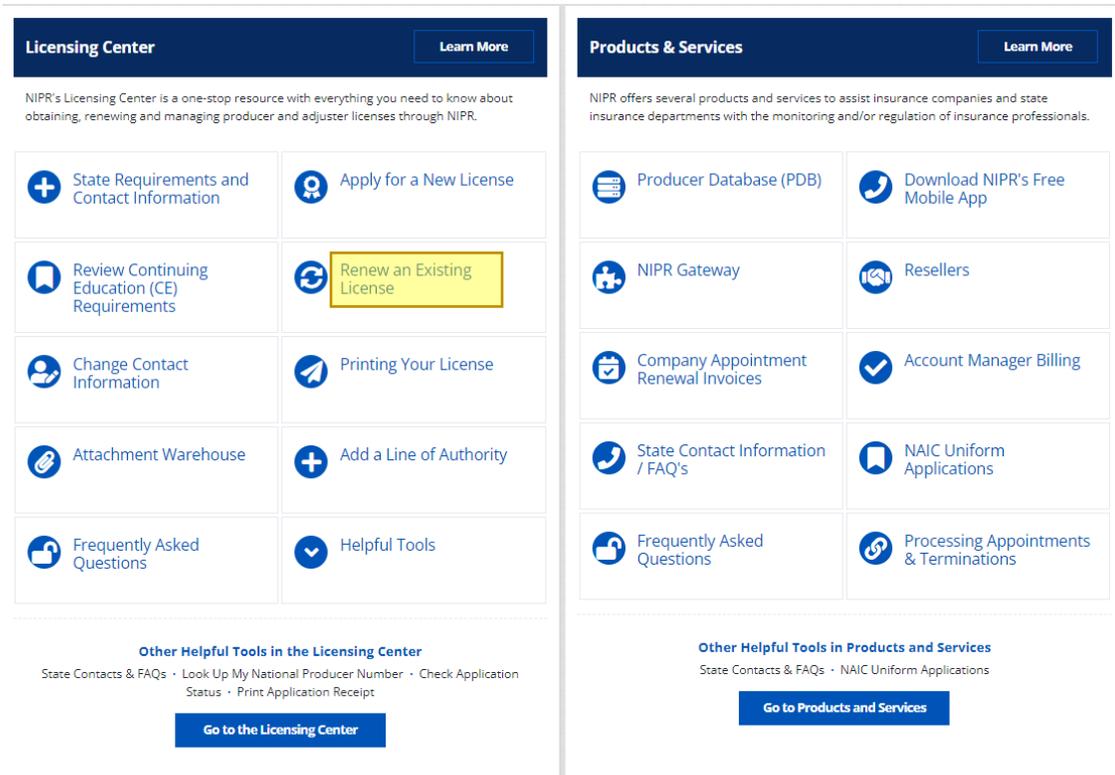


## Tutorial for Pharmaceutical Sales Representative License Renewal

Below are the step-by-step instructions to renew a pharmaceutical sales representative license with the State of Oregon:

1. Using the browser of your choice, navigate to [www.NIPR.com](http://www.NIPR.com)<sup>1</sup>
2. In the “Licensing Center” section, select the “Renew an Existing License” tab.

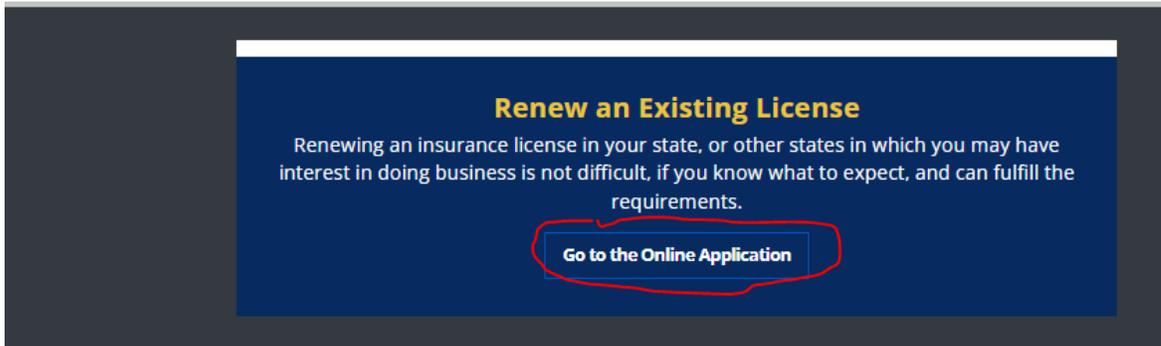


The screenshot shows two main sections: 'Licensing Center' and 'Products & Services'. In the 'Licensing Center' section, the 'Renew an Existing License' option is highlighted with a yellow box. Below the main sections are 'Other Helpful Tools' for both areas, with buttons to 'Go to the Licensing Center' and 'Go to Products and Services'.

**Your renewal application will not process until the CE hours are uploaded to NIPR. Course providers have up to 15 days to upload CE. The renewal application will error at step 14 in the tutorial if this is the case. You can also look up whether CE has been submitted to your license prior to starting your renewal by looking up your license information [here](#).**

<sup>1</sup> NIPR stands for National Insurance Producer Registry and while this license type is not related to insurance producers, it is the best licensing system to use in this circumstance.

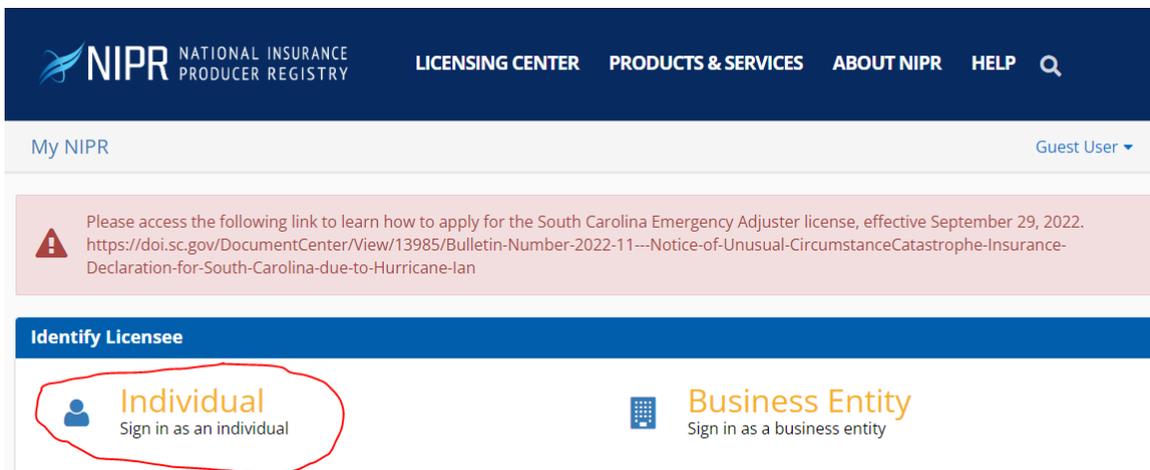
3. On the following screen, select “Go to the Online Application.”



#### License Types and Relevant State Information

- + Resident License Renewal
- + Non-Resident License Renewal
- + Non-Resident Adjuster License Renewal
- + Non-Resident License Renewal (No Home State)

4. On the next screen, select “Individual.”



5. Use your Social Security number (SSN) to locate your license. (You can use your license number also here, however it will make the order you enter info in the next few screens slightly different than the screenshots shown)

The screenshot shows the NIPR National Insurance Producer Registry website. At the top, there is a navigation bar with the NIPR logo and links for LICENSING CENTER, PRODUCTS & SERVICES, ABOUT NIPR, and HELP. Below the navigation bar, there is a header area with 'My NIPR' and 'Guest User'. A notice banner is present, stating that Connecticut will be converting to use State Based Systems (SBS) starting on November 3rd, 2021. The main content area is titled 'Identify Licensee' and is for an 'Individual'. Under 'Search Type', three options are listed: 'License Number', 'National Producer Number (NPN)', and 'Social Security Number (SSN)'. The 'Social Security Number (SSN)' option is selected. Below the search type options, there is a 'Select one identifier above' instruction and a warning icon with the text 'Please select a search type'. At the bottom of the form, there is a checkbox for 'I accept the NIPR Use Agreement'. A 'Next' button is highlighted in yellow.

6. Enter your last name and SSN, accept the NIPR use agreement if you agree, then select "Next."

The screenshot shows the NIPR National Insurance Producer Registry website. At the top, there is a navigation bar with the NIPR logo and links for LICENSING CENTER, PRODUCTS & SERVICES, ABOUT NIPR, and HELP. Below the navigation bar, there is a header area with 'My NIPR' and 'Guest User'. A notice banner is present, stating that Connecticut will be converting to use State Based Systems (SBS) starting on November 3rd, 2021. The main content area is titled 'Identify Licensee' and is for an 'Individual'. Under 'Search Type', three options are listed: 'License Number', 'National Producer Number (NPN)', and 'Social Security Number (SSN)'. The 'Social Security Number (SSN)' option is selected. Below the search type options, there is a 'Select one identifier above' instruction. There are two input fields: 'Last Name' and 'SSN'. Below the input fields, there is a checkbox for 'I accept the NIPR Use Agreement'. A 'Next' button is highlighted in yellow.

7. Enter your date of birth in the box and select "Next."

NIPR NATIONAL INSURANCE PRODUCER REGISTRY LICENSING CENTER PRODUCTS & SERVICES ABOUT NIPR HELP Q

My NIPR Guest User

**Notice** - Connecticut will be converting to use State Based Systems (SBS). Beginning at 4:00 PM Central Time on November 3rd, 2021, all Connecticut transactions will be turned off. Processing is expected to resume at approximately 9 AM Central Time on November 9th, 2021. Any transactions submitted during this downtime will be declined. We apologize for any inconvenience this may cause.

**Authorization**

Please verify your identity by providing your date of birth

Date of Birth

**▲** Date of Birth is a required field

[← Back](#) [Next →](#)

8. Select “Start” to begin the application.

NIPR NATIONAL INSURANCE PRODUCER REGISTRY LICENSING CENTER PRODUCTS & SERVICES ABOUT NIPR HELP Q

My NIPR Guest User

**Notice** - Connecticut will be converting to use State Based Systems (SBS). Beginning at 4:00 PM Central Time on November 3rd, 2021, all Connecticut transactions will be turned off. Processing is expected to resume at approximately 9 AM Central Time on November 9th, 2021. Any transactions submitted during this downtime will be declined. We apologize for any inconvenience this may cause.

User Menu

**User Menu** FLANAGAN

**Start**

**Resume**  
No incomplete applications available

**Order History**  
Review order statuses and receipts

**Change Licensee**  
Identify another licensee to work with

**Message Center**

**NIPR Mobile - All of your insurance licensing information at your fingertips.**

The NIPR mobile app lets insurance professionals licensed by a state department of insurance view their demographic, licensing, and appointment information. Mobile users are also able to subscribe to renewal notification reminders. [Click here for more information.](#)

**Announcements**

- Current or previously licensed users may click **Start** to access a detailed report of your licensing data. If one is available, you can select to run your free report, or purchase an additional one if needed.
- Contact Change Request (CCR) has been updated to now allow Business Entities.

9. On the following screen, select “Other Licensing” and then “Next.”

Product Type

- Producer Licensing
- Adjuster Licensing
- Other Licensing

▲ Product Type is a required field

← Back      Next →

**National Insurance Producer Registry**  
1100 Walnut Street, Suite 1500  
Kansas City, MO 64106  
[Need Assistance? Call \(855\) 674-6477](tel:8556746477)

Licensing Center	Get the Free Mobile App
Products & Services	News & Events
About NIPR	NIPR Jobs
Help	Contact Us

10. On the next screen, select “renewal.”

11. If you have any address, personal or business, that is located in Oregon, select “Resident.”

12. If you have no addresses in Oregon, select “Non-Resident (No Home State)”.

13. Select “Next.”

Product Type

- Producer Licensing
- Adjuster Licensing
- Other Licensing
- Contact Change Request (Change Address, Phone, or Email)
- PDB Detail Report

Application Type

- Initial
- Renewal
- Add Line Of Authority

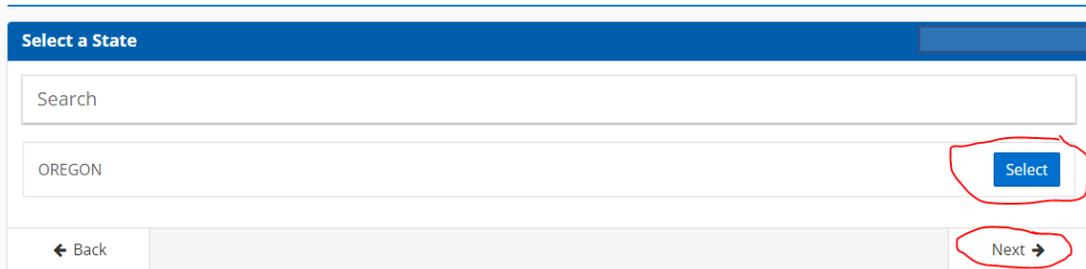
Residency Type

- Resident
- Non-Resident
- Non-Resident (No Home State)

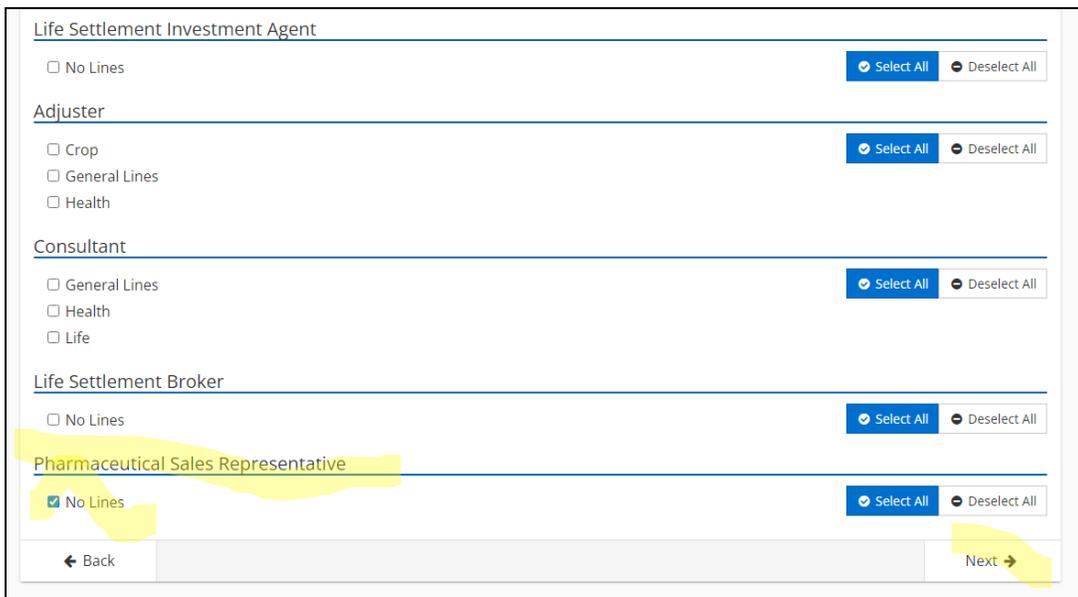
← Back      Next →

14. On the following screen, select the “select” button, then “Next.”

**Your renewal application will not process until the CE hours are uploaded to NIPR. Course providers have up to 15 days to upload CE. The renewal application will error at step 14 in the tutorial if this is the case. You can also look up whether CE has been submitted to your license prior to starting your renewal by looking up your license information [here](#).**



15. On the following screen, select “Pharmaceutical Sales Representative: No Lines” as the license type, then select “Next.”



16. The following screen shows the estimated cost/fees for the license; select “Next.”

**Fee Estimate** TEST

OREGON

**Pharmaceutical Sales Representative**

- No Lines

State Fee	\$750.00
NIPR Fee	\$5.00
<b>Total State Fees</b>	\$750.00
<b>Total NIPR Fees</b>	\$5.00
<b>Grand Total</b>	\$755.00

*This is an estimate. Exact fees will be shown before payment.*

17. Next you will click through some screens that show your contact information on file. You will be able to update your phone and email if necessary. If you have changes to your address you will need to email those to [DFR.PharmaSalesRep@dcbs.oregon.gov](mailto:DFR.PharmaSalesRep@dcbs.oregon.gov) to get updated.

**Biographic Data** ✓

**Addresses** ✓

**Phone Contact Data** ✓

**→ Web Information**

Personal Email

Business Email

Business Entity Name   
Optional

Business Web Address   
Optional

18. Affiliations are not required; select “Next” at the bottom of the screen.

→ Affiliations

**i** List your insurance agency affiliations. Complete this only if the applicant is to be licensed as an active member of the business entity.

+ Add

← Back

Next →

19. The next section is on background information, including criminal history. As before, **these questions are entirely irrelevant to the PSR license.** However the system will not allow the application to continue if you do not select an answer. So, you can answer all of them “no,” regardless of the true answer as they are not reviewed for this license type.

→ Background Questions

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

1A. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?  Yes  No

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)

1B. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?  Yes  No

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

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?  Yes  No

**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:

1. a written statement explaining the circumstances of each incident,
2. a copy of the charging document,
3. a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

20. You will have the opportunity to review the information in the application.

My NIPR Guest User ▾

Home Edit/Update **Review** Submitter Attestation Contact Submit ?

**Review Application** Flow ID: 863560

**Biographic**

Last Name **TEST**

First Name **JANE**

Middle Name

Suffix

Gender **FEMALE**

Date Of Birth **06/22/1994**

Are you a citizen of the United States? **Y**

If No, of which country are you a citizen? **United States Of America**

If applicable, FINRA Individual Central Registration Depository (CRD)

**Resident Address**

Address Line 1: **1100 WALNUT STREET**

Address Line 2: **Suite 1500**

21. The next screen requests the submitter information. You can have an authorized third party enter information for the licensee, but the licensee remains responsible for the information in the application. Select "Next."

My NIPR Guest User ▾

Home Edit/Update Review **Submitter** Attestation Contact Submit ?

**Submitter** Flow ID: 863560

Provide submitter information.

I am submitting for \*

Myself  Someone else

You may proceed to the next screen.

<< Back Next >>

22. You will then complete the final attestation. The attestation is written for and related to the Oregon insurance code. Which, like the backgrounds questions, super-duper does not apply to pharmaceutical sales representatives. But it's a screen we need to get through.

The screenshot shows the 'Attestation' step of the 'My NIPR' application process. The breadcrumb trail at the top includes: Home, Edit/Update, Review, Submitter, **Attestation**, Contact, Submit, and a help icon. The page title is 'Attestation' and the flow ID is '863560'. The instruction reads: 'Read carefully and Accept to continue.' Below this is a list of eight numbered statements for the user to certify. At the bottom, there is a checkbox labeled 'I accept' which is currently checked.

My NIPR Guest User ▾

Home Edit/Update Review Submitter **Attestation** Contact Submit ?

**Attestation** Flow ID: 863560

Read carefully and Accept to continue.

1. I hereby certify that, under penalty of perjury, 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. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, 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 jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I accept

23. Provide the email addresses that you want to be sent this transaction. This may include your compliance department or manager. Select "Next."

The screenshot shows the 'Verification Contact' step of the 'My NIPR' application process. The breadcrumb trail at the top includes: Home, Edit/Update, Review, Submitter, Attestation, **Contact**, Submit, and a help icon. The page title is 'Verification Contact' and the flow ID is '863560'. The instruction reads: 'Your receipt and any additional information about this transaction will be sent to the following email addresses.' Below this are four email input fields. The first field is required (marked with a red asterisk) and contains 'test@nipr.com'. The other three fields are optional and contain the placeholder text 'Optional'. At the bottom right, there is a 'Clear Input' link. At the bottom of the page, there are 'Back' and 'Next' navigation buttons.

My NIPR Guest User ▾

Home Edit/Update Review Submitter Attestation **Contact** Submit ?

**Verification Contact** Flow ID: 863560

Your receipt and any additional information about this transaction will be sent to the following email addresses.

Email \*

Email

Email

Email

[Clear Input](#)

« Back Next »

24. You will then be taken to the fee page. Select "Submit & Pay."

Home Edit/Update Review Submitter Attestation Contact **Submit** ?

### Submit Requests Flow ID: 863560

The following states will be sent the requests made during this session.

State	Description	State Fee	NIPR Fee
OREGON	Pharmaceutical Sales Representative <ul style="list-style-type: none"><li>No Lines</li></ul>	\$750.00	\$5.00

Fee Summary	
Total State Fees	\$750.00
Total NIPR Fees	\$5.00
<b>Grand Total</b>	<b>\$755.00</b>

- Fees are not refundable**
- Allow up to 5 days for changes to display on the PDB.

Requests are not complete until payment is made. Please click the "Submit & Pay" button.

[« Back](#) [Submit & Pay](#)

25. You will be required to enter credit card information to pay the fee and be taken to the receipt screen. **Once this is completed please reading the following to determine if you have further steps:**

For your initial application, you were required to upload a “business activities” document that stated which company and products you represented. If this information has not changed in the last year, you do not need to upload another business activities document. If the information has changed, you are required to upload an updated document using the following steps.

26. If you need to update your business activities document, first you will need to create the business activities document to upload. Something that basically says who you represent and what products you represent. This is an example that can be adapted:

27 Pharmaceutical Sales Representative Name: Jane Doe  
Business activity description: Jane Doe will be visiting hospitals in the Portland metro area to educate emergency room physicians on the benefits of the following drug compounds: drug a, drug b, and drug c.  
Doe will also be visiting family physicians regarding drug compounds: drug d, drug e, and drug f.

a

d an updated business activities document, return to NIPR.com, select “Licensing Center.” When the drop down appears, select “Attachments Warehouse.”



28. On the next screen, select “Additional Licensing Documents.”

<p><b>BQSD</b> Background Questions Supporting Documents</p> <p>Use Background Questions Supporting Documents (BQSD) if you have answered "yes" to any of the uniform background questions on a pending uniform application/renewal and need to attach supporting documentation.</p> <p>Things you can do with BQSD:</p> <p>View previously entered document file(s) for any application type/background question. Associate a document file to a different application type/background question. Add a new document file to an application type/background question.</p> <p><a href="#">BQSD Attachment Warehouse</a></p>	<p><b>ROA</b> Reporting of Actions</p> <p>Use Reporting of Actions (ROA) if you need to report a final administrative, criminal or civil action to the state(s) in which an active license is held.</p> <p>Things you can do with ROA:</p> <p>Create a new reporting of action with files already in the warehouse. Add a new Reporting of Action and upload new document file(s). Add a new document file to a previously entered reporting of action. Associate a file already in the Attachment Warehouse to a reporting of action.</p> <p><a href="#">ROA Attachment Warehouse</a></p>	<p><b>ALD</b> Additional Licensing Documents</p> <p>Use Additional Licensing Documents (ALD) if you need to submit documents to the state insurance departments for any pending uniform application/renewal.</p> <p>Things you can do with ALD:</p> <p>View previously entered documents file(s) for any application type. Associate a document file to a different application type. <b>Add a new document type to an application type.</b></p> <p><a href="#">Additional Licensing Documents</a></p>
--	--	--

Continued on the next page.

29. Accept the user agreement.

The screenshot shows the 'USE AGREEMENT' page on the NIPR website. The page header includes 'Home', 'About NIPR', 'Search', and 'Contacts/Help'. The NIPR logo is prominently displayed. The main heading is 'USE AGREEMENT'. Below this, a paragraph states: 'THIS IS A LEGAL AGREEMENT BETWEEN YOU ("USER") AND NATIONAL INSURANCE PRODUCER REGISTRY ("NIPR"). BY CLICKING ON THE AGREE BUTTON OR USING THE SERVICES PROVIDED HEREIN, USER IS CONSENTING TO BE BOUND BY AND IS BECOMING A PARTY TO ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY BEFORE ACCEPTING ITS TERMS.'

The first section is titled '1 Description of Services'. It explains that NIPR provides services for electronic submission of information to state insurance departments. A list of services includes:

- Non-Resident Licensing ("NRL") Services: allows USER to electronically complete and submit the Uniform Application for a Non-Resident License ("Uniform Application") for purposes of filing a non-resident license application and non-resident license renewal with state insurance departments.
- NIPR's Producer Access Services: allows USER to electronically complete and submit license applications, renewals and notification forms ("Producer/Adjuster Applications") to NIPR for transmittal to state insurance departments and allows USER to obtain certain information about USER contained in NIPR's Producer Database ("PDB").
- Resident Licensing ("RL") Services: allows USER to electronically complete and submit the Uniform Application for a Resident License ("Uniform Application") for purposes of filing an original resident license or a resident renewal, if applicable, with state insurance

At the bottom of the agreement text, there are two buttons: 'Accept' and 'Decline'. The footer contains navigation links: '[ Home | NAIC Web Site | About NIPR | Contact Us | Search | Help | Privacy Statement ]' and 'Copyright 1996 - 2021 National Insurance Producer Registry'.

30. On the next screen, select "Sign-In without an NPN" and enter your SSN and last name. This will ensure that your documents are attached to your application.

The screenshot shows the sign-in page on the NIPR website. There are two main options for sign-in:

- Individual and Agency Sign-in with NPN
  - \* Resident State: [Dropdown menu]
  - \* Resident License Number: [Text input]
  - \* National Producer Number (NPN): [Text input]
  - \* SSN/FEIN (Last 4 digits): [Text input]
- Individual and Agency Sign-in without NPN or Resident License Number
  - \* SSN or FEIN: [Text input]
  - \* Firm or Last Name: [Text input]

At the bottom of the form, there are two buttons: 'Login' and 'Reset'. A legend indicates that an asterisk (\*) denotes a required field. The footer contains navigation links: '[ Home | NAIC Web Site | About NIPR | Contact Us | Search | Help | Privacy Statement ]' and 'Copyright 1996 - 2021 National Insurance Producer Registry'.

31. Once logged in, you will be required to confirm your business phone number and business address. If nothing shows up in the boxes, select “Edit,” then enter the information. If everything is correct, select “Continue.”

Home About NIPR Search Contacts/Help

 **NIPR**  
NATIONAL INSURANCE  
PRODUCER REGISTRY

**REVIEW PRODUCER CONTACT DETAILS**

---

**Name:** LASSIE LASSER  
**NPN:** **SSN/FEIN:** XXX-XX-7000

---

**Enter or Verify Producer's Contact Information.**

**\* Business Phone Number:**  -  -

**Alternate Phone Number:**  -  -

**\* Business Email Address:**

**Alternate Email Address:**

**Fax:**  -  -

\* required

Disclaimer: The information provided above may be used by State regulators and/or the NAIC/NIPR solely for the purpose of contacting you. Any information provided will not be used to update the Producer Database (PDB) or any State database. Address change requests should be submitted through the Address Change Request application available through NIPR or to the appropriate State Insurance Department.

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Continued on next page.

32. On the next screen, select "Add New Document."

Home About NIPR Search Contacts/Help

**NIPR**  
NATIONAL INSURANCE  
PRODUCER REGISTRY

**DOCUMENT SUBMISSION**

Attachments Warehouse Contact Us Logout

**Name:** LASSIE LASSER  
**NPN:** **SSN/FEIN:** XXX-XX-7000

Below are the file(s) you have previously submitted to the attachment warehouse. If you wish to add a new document to the warehouse press the "Add new document" button.  
\* You can **NOT** delete or update documents once they are submitted.

Add New Document

The list below reflects Additional Documents as they currently appear in the NIPR Attachments Warehouse application. To view an Additional Document as it appeared when the document was uploaded, click on the Document Name.

Attachment Warehouse - Additional Documents:		
Application Type	Document Type	Link to Document

Attachment Warehouse - Background Questions:		
Application Type	In Response to	Link to Document

Attachment Warehouse - Reporting Of Actions:		
Application Type	In Response to	Link to Document

Add New Document

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Continued on next page.

33. On the next screen, there will be another attestation. Ignore references to insurance law and select “Accept.”

Home About NIPR Search Contacts/Help

 **NIPR**  
NATIONAL INSURANCE  
PRODUCER REGISTRY

**ADDITIONAL DOCUMENTS - ATTESTATION**

**Individual Producer Additional Document:**

**The Applicant must read the following very carefully:**

1. I hereby certify that, under penalty of perjury, 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. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, 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 jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

If the producer submitting the Attachment agrees to the above statement, click Accept

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Continued on next page.

34. The next screen will ask if you are submitting the documents yourself or if you are using an authorized submitter. Select the appropriate response, then select “Continue.”

Home About NIPR Search Contacts/Help

**NIPR**  
NATIONAL INSURANCE  
PRODUCER REGISTRY

**PRODUCER/AUTHORIZED SUBMITTER**

Attachments Warehouse Contact Us Logout

**Name:** LASSIE LASSER  
**NPN:** **SSN/FEIN:** XXX-XX-7000

Select whether you are :

**Producer**  **Producer's Authorized Submitter**

Back Continue

\* required.

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35. From here, you will be taken to the screen that allows you to upload a document. In document type, select “Other.” In application type, select “Resident License” or “Non-resident License No Home State,” depending on the application that you filed. In the next two fields, type “business activities.” Select “Choose File” and attach the file. Finally, select “Attach Document.”

Use this screen to upload Additional Documents. Once a document is uploaded to the Attachments Warehouse application, it cannot be edited or deleted.

\* Document Type: Other

\* Application Type: Resident License

\* Document Description by Producer: business activities  
(250 maximum characters including spaces and punctuation.)

\* Producer's Information for Regulators: business activities |  
(600 maximum characters including spaces and punctuation.)

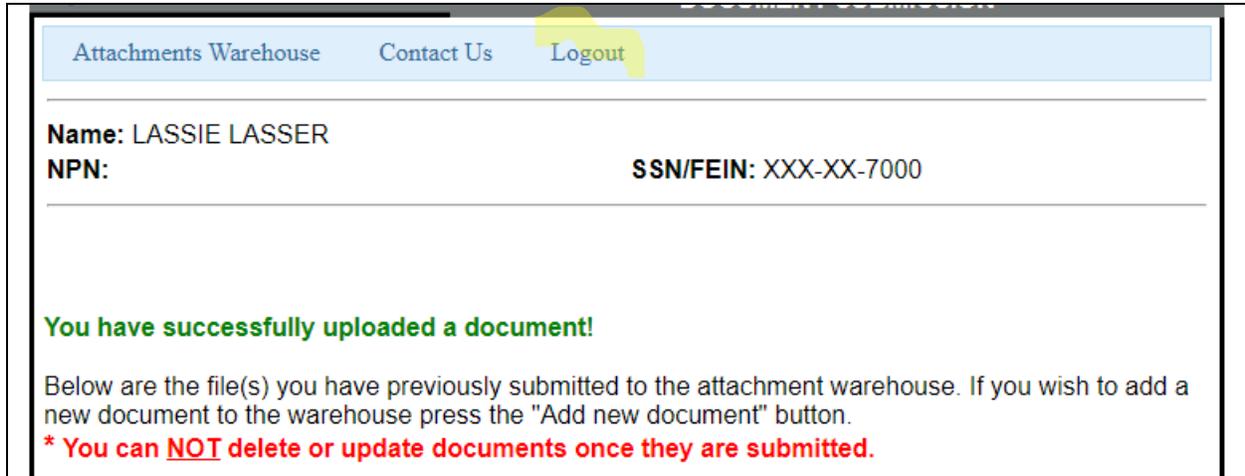
\* Document to Upload: Choose File No file chosen

Back Attach Document

\* required

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36. Once you have attached the file, you will get a confirmation that you successfully uploaded a document. Select "Logout" and you are done.



The screenshot shows a web interface with a light blue header bar containing three links: "Attachments Warehouse", "Contact Us", and "Logout". The "Logout" link is highlighted with a yellow sticky note. Below the header, the user's name is listed as "Name: LASSIE LASSER" and their NPN is "NPN:". To the right, the SSN/FEIN is listed as "SSN/FEIN: XXX-XX-7000". A green message states "You have successfully uploaded a document!". Below this, a paragraph explains that the user can add new documents but cannot delete or update existing ones. A red asterisk highlights the restriction: "\* You can NOT delete or update documents once they are submitted."

Applications are processed in the order received. You will receive a confirmation email when your license is issued. If you have more questions, call us at 503-947-7981.