

## **Agency information and Oregon laws and rules**

### **About DCBS:**

The Department of Consumer and Business Services (DCBS) is Oregon’s largest consumer protection and business regulatory agency. For more information, visit <https://www.oregon.gov/dcbs/>.

### **About Oregon DFR:**

The Division of Financial Regulation (DFR) protects consumers and regulates consumer and regulates insurance, depository institutions, trust companies, and financial products and services. Visit <https://dfr.oregon.gov>.

### **About the Pharmaceutical Representative license:**

An Oregon Pharmaceutical Sales Representative license is required for anyone who markets or promotes pharmaceutical product to health care providers in Oregon on 15 or more days in a calendar year. The license webpage, with additional information and requirements, is at <https://dfr.oregon.gov/business/licensing/pharmaceutical-rep>.

### **Laws and rules:**

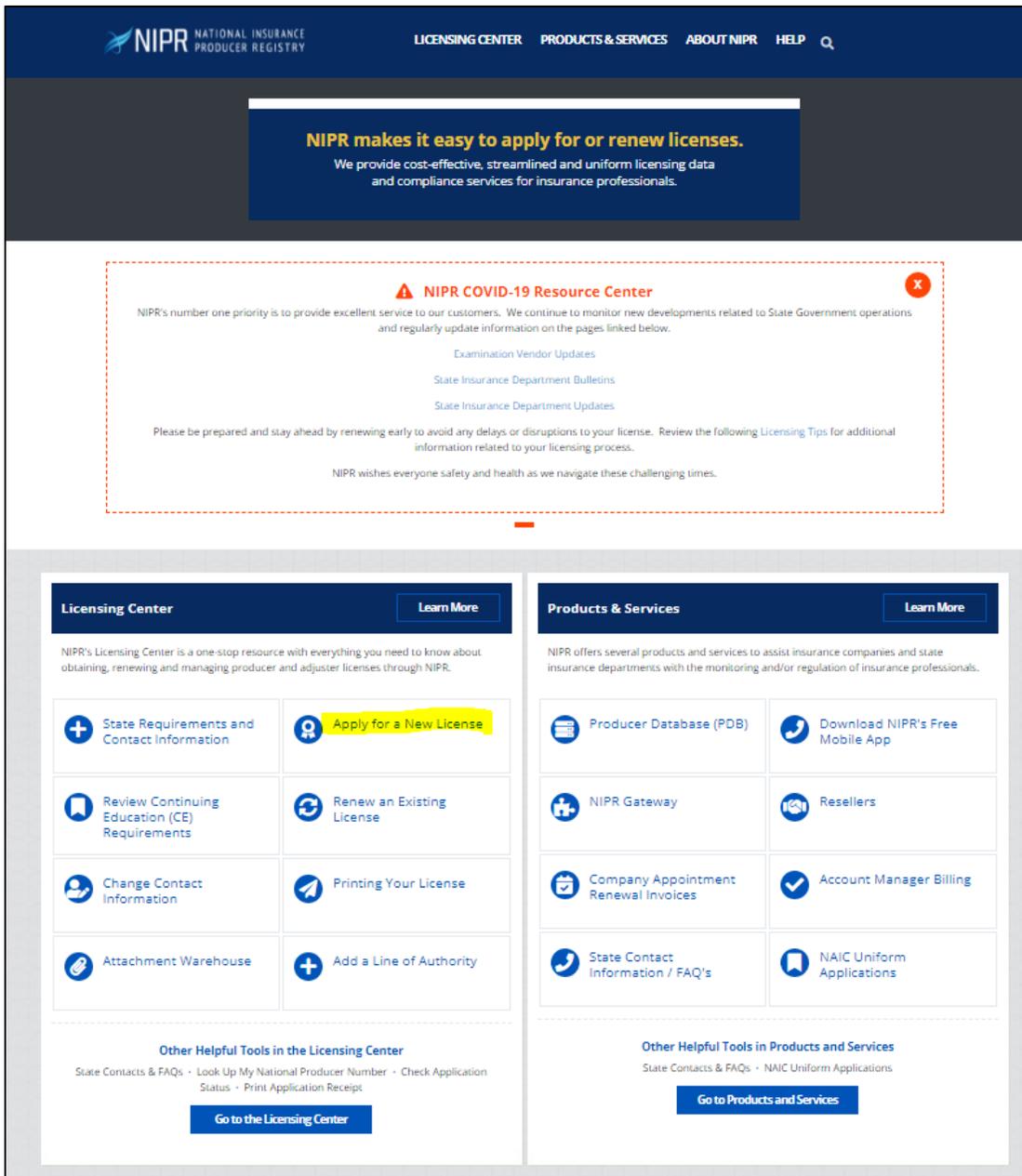
[\*\*Oregon 2021 Senate Bill 763\*\*](#)

[\*\*Oregon Administrative Rules – OAR 836-200-0635 through 836-200-0670\*\*](#)

# Tutorial for Pharmaceutical Sales Representative License Application

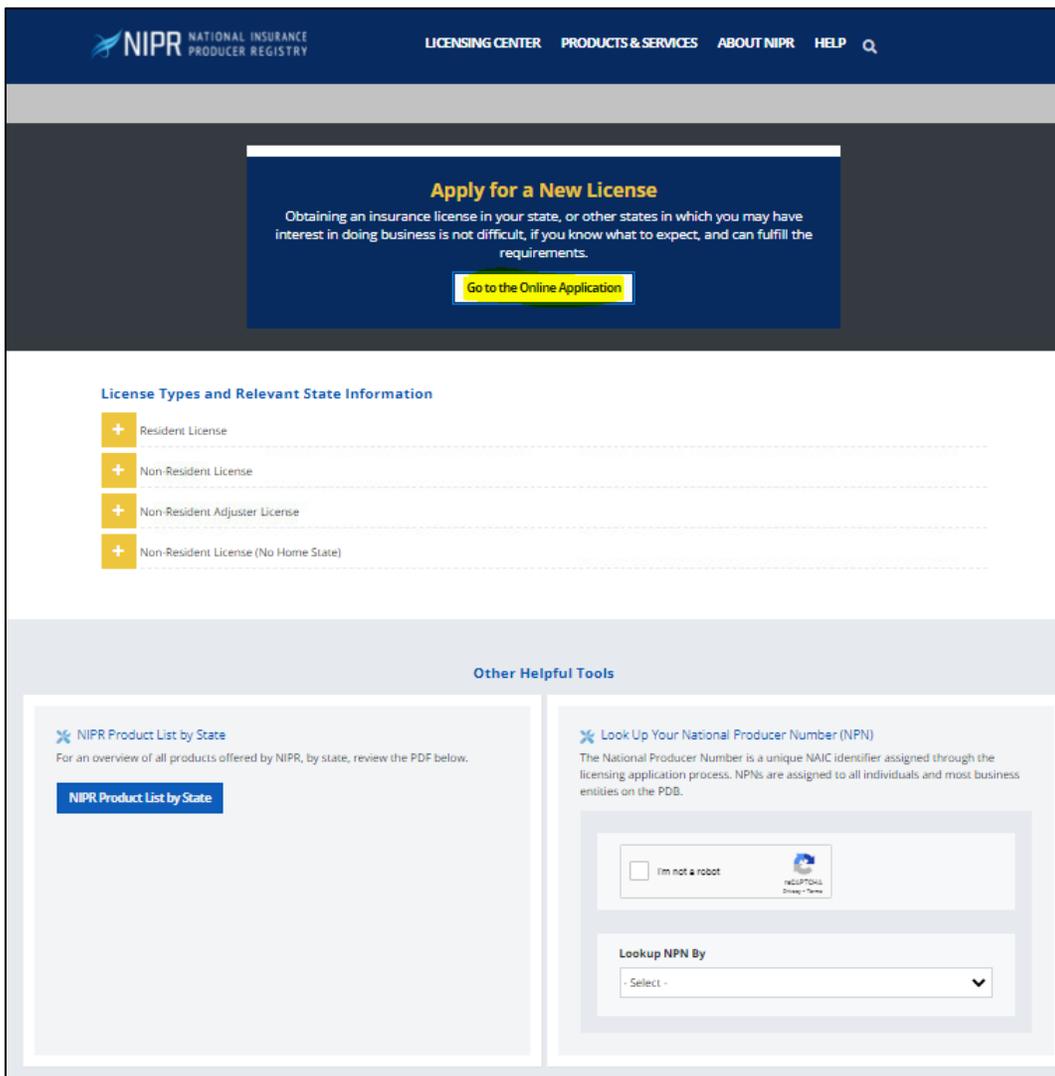
Below are the step-by-step instructions to apply for a pharmaceutical sales representative license with the State of Oregon:

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 “Apply for a New License” tab.

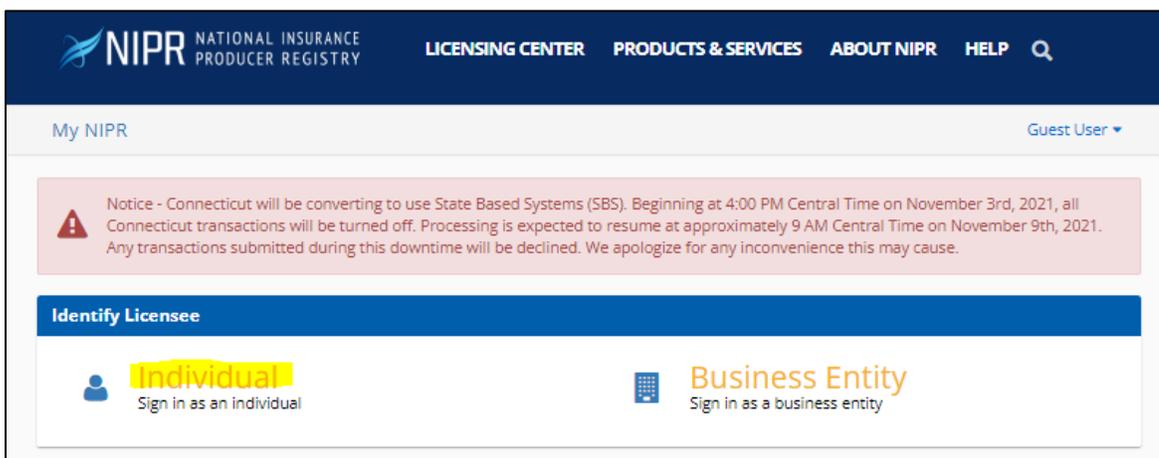


<sup>1</sup> NIPR stands for National Insurance Producer Registry. While this license type is not related to insurance producers, it is also used for only license types such as this one.

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



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



- Using your Social Security number (SSN)<sup>2</sup>, identify yourself.

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.**

### Identify Licensee

Individual

Search Type

- License Number
- National Producer Number (NPN)
- Social Security Number (SSN)

Select one identifier above

**⚠ Please select a search type**

I accept the NIPR Use Agreement

[← Back](#) [Next →](#)

- Enter your last name and SSN, accept the NIPR use agreement if you agree, then select “Next.”

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.**

### Identify Licensee

Individual

Search Type

- License Number
- National Producer Number (NPN)
- Social Security Number (SSN)

Select one identifier above

Last Name

SSN

I accept the NIPR Use Agreement

[← Back](#) [Next →](#)

<sup>2</sup> SSN is required as a unique identifier that distinguishes individuals from others that may have the same date of birth and similar name.

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

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

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

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

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

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

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, scroll down to select “Oregon” as the state, then select “Next.”

The screenshot shows a mobile application interface for selecting a state. At the top, there is a blue header with a home icon and the text "User Menu". Below this is a dark blue bar with the text "Select a State" on the left and "TEST" on the right. A search bar is located below the header. The main content area is a list of states: NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, and PUERTO RICO. Each state has a "Select" button to its right. The "OREGON" row is highlighted in blue, and its button is labeled "Deselect". At the bottom, there is a "Back" button on the left and a "Next" button on the right, which is highlighted in yellow.

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

The screenshot shows a mobile application interface for selecting a license type. The screen is divided into sections: "Life Settlement Investment Agent", "Adjuster", "Consultant", "Life Settlement Broker", and "Pharmaceutical Sales Representative". Each section has a "Select All" button (with a plus icon) and a "Deselect All" button (with a minus icon). Under "Pharmaceutical Sales Representative", the "No Lines" option is selected with a checkmark. The "Pharmaceutical Sales Representative" section and the "No Lines" option are highlighted in yellow. At the bottom, there is a "Back" button on the left and a "Next" button on the right, which is highlighted in yellow.

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

Fee Estimate TEST

OREGON

Edit

Pharmaceutical Sales Representative

• No Lines	State Fee	\$750.00
	NIPR Fee	\$5.00

**Total State Fees** \$750.00  
**Total NIPR Fees** \$5.00  
**Grand Total** \$755.00

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

← Back Next →

17. Enter a valid residential (personal) address and biographical information, selecting “Next” at the bottom of each screen.

Applicant Name: TEST Application State(s): OR  
NPN: Resident/Home State: OR  
Flow #: 863560 License #:

→ Biographic Data

Last Name TEST

First Name Jane

Middle Name Optional

Suffix Optional

Gender  Male  Female

Date of Birth 06/22/1994

Are you a citizen of the United States?  Yes  No

If applicable, FINRA Individual CRD Optional  
Only Financial Industry Regulatory Authority (FINRA) numbers are allowed

Next →

18. Enter a valid business address, selecting “Next” at the bottom of each screen. This should be different than your personal address if your employer is at a separate address.

**→ Addresses**

Attention applicants: Addresses are pre-populated based on state submitted data or information submitted with individual exam information. You are unable to edit any pre-populated address information in this application. **Individuals** may submit requests to update the information via the following link: <https://nipr.com/licensing-center/change-contact-info>. Please note that it may take up to 3-5 days, after the change request is processed, for this data to be updated in the application. **Business Entities** are required to report changes directly to the state insurance department(s).

**Resident Address**

Same as business address  Same as mailing address  Use a different address

**Business Address**

Same as resident address  Same as mailing address  Use a different address

Address Line 1: 1100 Walnut Street

Address Line 2: Suite 1500  
Optional

Address Line 3:   
Optional

City: BROOKFIELD

State: Oregon

Zip Code: 64106

Country: United States Of America

**Mailing Address**

19. Enter phone numbers for both business and personal contacts. Your personal phone should be an independent number from your employment. Select “Next” at the bottom of each screen.

**→ Phone Contact Data**

**Home Phone Number**

Number: (816) 228-8555

Ext.   
Optional

**Business Phone Number**

Number: (816) 255-5555

Ext.   
Optional

**Fax Phone Number**

Number   
Optional

20. Enter active, monitored email addresses. You will need to enter a personal email (in case you change employment and we need to contact you) and a business email. If there is an issue with your application, email is how we will try to reach you. Then select “Next” at the bottom of the screen.

The screenshot shows a form titled "Web Information" with a blue header. It contains four input fields: "Personal Email" with the value "test@gmail.com", "Business Email" with the value "test@nopr.com", "Business Entity Name" (Optional) which is empty, and "Business Web Address" (Optional) with the value "https://nopr.com". At the bottom, there is a "Back" button on the left and a "Next" button on the right.

21. Aliases are not required; select “Next” at the bottom of the screen.

The screenshot shows a form titled "Aliases" with a blue header. Below the header is an information icon and the text: "List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business." There is a "+ Add" button on the right side of the form. At the bottom, there is a "Back" button on the left and a "Next" button on the right.

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

The screenshot shows a form titled "Affiliations" with a blue header. Below the header is an information icon and the text: "List your insurance agency affiliations. Complete this only if the applicant is to be licensed as an active member of the business entity." There is a "+ Add" button on the right side of the form. At the bottom, there is a "Back" button on the left and a "Next" button on the right.

Continued on next page.

23. Enter your current employer, select “Next” at the bottom of the screen. The question asks for five years of employment history and will not allow you to continue until there is five years of information. Since this information is not required for pharmaceutical sales reps, you can just put dates that equal five years. For example, you have been with your current employer since March 2020, you can put that you have been employed since November 2016 to complete this section.

→ **Employment History**

 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.

From Date	<input type="text" value="11/2016"/>
To Date	<input type="text" value="11/2021"/>
<b>Employer's Name</b>	<input type="text" value="Test"/>
Position	<input type="text" value="Test"/>
City	<input type="text" value="BROOKFIELD"/>
Country	<input type="text" value="United States Of America"/>
State	<input type="text" value="Oregon"/>

Continued on next page.

24. The next section is on background information, including criminal history. Pharmaceutical sales representatives do not need to answer these questions, but the system will not allow the application to continue if you do not select an answer. So, **you should 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.

25. Question 15, however, does need to be answered “yes” to continue the application process, then click Review. Question 15 states:

→ **Questions: OREGON**

15. I acknowledge that I am voluntarily answering the background questions as part of this application for a Pharmaceutical Sales Representative license. I may elect to answer 'No' to the background questions (#1 through 8) to continue with the electronic application or not proceed with the electronic application and apply via a paper application directly with the Oregon Department of Consumer & Business Services.  Yes  No

← Back Review →

26. 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**

27. 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 >>

28. You will then complete the final attestation. The attestation is written for and related to the Oregon insurance code, which does not apply to pharmaceutical sales representatives. The only line you are agreeing to is to No. 1.

The screenshot shows the 'Attestation' step of the 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 are eight numbered statements for attestation:

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).

At the bottom, there is a checkbox labeled 'I accept' which is checked.

29. 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 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.'

There are four email input fields:

- Field 1: Labeled 'Email \*' with a red asterisk, containing the text 'test@nipr.com'.
- Field 2: Labeled 'Email', containing the text 'Optional'.
- Field 3: Labeled 'Email', containing the text 'Optional'.
- Field 4: Labeled 'Email', containing the text 'Optional'.

At the bottom right, there is a 'Clear Input' button. At the bottom of the page, there are two navigation buttons: '<< Back' and 'Next >>'.

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

The screenshot shows a web interface for submitting requests. At the top, a navigation bar includes a home icon, and buttons for 'Edit/Update', 'Review', 'Submitter', 'Attestation', 'Contact', 'Submit', and a help icon. Below this is a blue header for 'Submit Requests' with 'Flow ID: 863560' on the right. The main content area states: 'The following states will be sent the requests made during this session.' It features a table with columns for 'State', 'Description', 'State Fee', and 'NIPR Fee'. The table lists 'OREGON' with a description of 'Pharmaceutical Sales Representative' and a sub-item 'No Lines', with a state fee of \$750.00 and a NIPR fee of \$5.00. To the right is a 'Fee Summary' table with three rows: 'Total State Fees' (\$750.00), 'Total NIPR Fees' (\$5.00), and 'Grand Total' (\$755.00). Below the table, a grey box contains a warning: 'Fees are not refundable' and 'Allow up to 5 days for changes to display on the PDB.' It also states: 'Requests are not complete until payment is made. Please click the "Submit & Pay" button.' At the bottom, there is a 'Back' button and a highlighted 'Submit & Pay' button.

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

Continued on next page.

31. You will be required to enter credit card information to pay the fee and be taken to the receipt screen. You will notice there is one “Action Required” item. It is required that you upload a document to the “Attachment Warehouse” that provides a brief description of your business activities. If you completed a “No Home State” application, the “Action Required” item may not appear, but uploading a description of your business activities is still required. See the last page of this document for an example.

User Menu
TEST

Order #56224
TEST



View Receipt

View your receipt



View Detail

View and download your order

---

Requests will be sent to the state. Please allow up to 5 business days for changes to display on the Producer Database (PDB).

<b>Order Number:</b>	56224
<b>Order Date:</b>	11/11/2021, 8:16 AM
<b>Application State(s):</b>	OREGON
<b>Product:</b>	Resident Licensing
<b>Order Total:</b>	\$755.00

---

OREGON: Transaction # not available

In Progress

**Pharmaceutical Sales Representative:** No Lines

**State Messages:**

- No Action Required Applicants applying for Pharmaceutical Sales Representative must submit documentation with a description of the business in which the applicant will engage to the Attachments Warehouse for Additional Licensing Documents.
- No Action Required Oregon Division of Financial Regulation no longer issues printed initial, renewal, or replacement licenses. All license information for active licensees is available on the OR Web site. If your application has been processed and approved, you can view your license status or print the official copy of your license by visiting <https://nopr.com/help/print-your-license>
- No Action Required If requested, please send needed documentation to: Oregon Division of Financial Regulation LICENSING SECTION P.O. Box 14480 SALEM, OR 97309-0405 For Specific Questions please contact: Phone # 503-947-7981 - Licensing Section. Web: [Web.insagent@oregon.gov](mailto:Web.insagent@oregon.gov)
- No Action Required You have completed the online resident license application process. Any additional steps you may need to take will be listed. Applicants should provide a copy of the online transaction page that includes the transaction number when submitting copies of required information and/or letters of explanation.
- No Action Required When an original document is not required to be sent to the state, use the Attachments Warehouse for Additional Licensing Documents in lieu of sending the documents to the state(s) via fax, e-mail or postal mail.
- Action Required Applicants applying for Pharmaceutical Sales Representative must submit documentation with a description of the business in which the applicant will engage to the Attachments Warehouse for Additional Licensing Documents.}}

← Order History

32. It is required that you upload a document to the “Attachment Warehouse” that provides a brief description of your business activities. **This is a document that you create. See the box below for an example.** To complete the last action item, return to NIPR.com, select “Licensing Center.” When the drop down appears, select “Attachments Warehouse.” **\*You will not need to log in or redo any part of the application to upload your document starting at this step\***

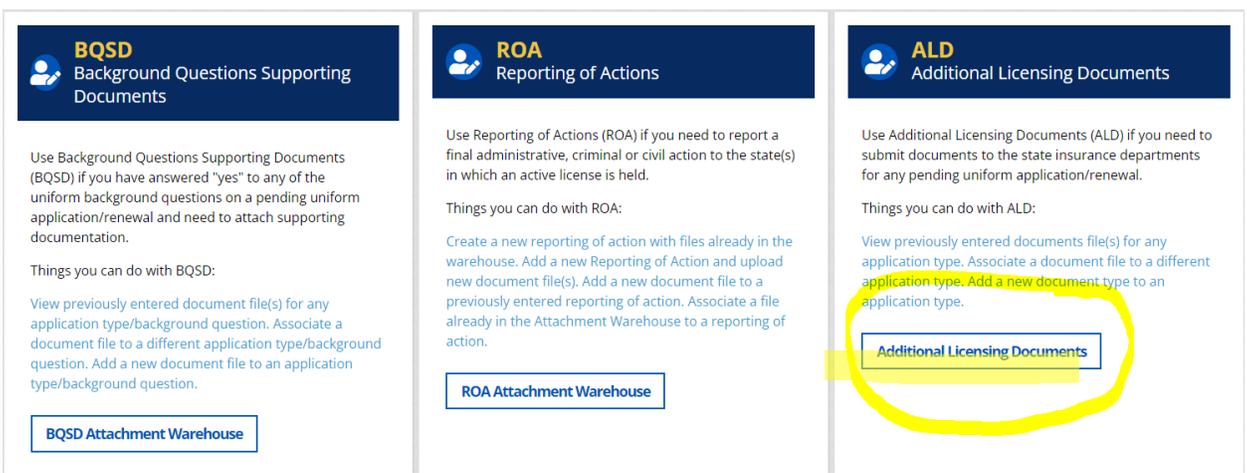
Business Activities Description Requirement Example:

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.



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



Continued on the next page.

34. Accept the user agreement.

The screenshot shows the NIPR ATTACHMENT WAREHOUSE website. At the top, there is a navigation bar with links for Home, About NIPR, Search, and Contacts/Help. The NIPR logo (National Insurance Producer Registry) is on the left. The main heading is "NIPR ATTACHMENT WAREHOUSE". Below this is the "USE AGREEMENT" section. The text 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." Underneath, there is a section titled "1. Description of Services" which explains the services provided by NIPR, such as Non-Resident Licensing ("NRL") and Resident Licensing ("RL"). At the bottom of the agreement text, there are two buttons: "Accept" and "Decline". The footer contains links for Home, NAIC Web Site, About NIPR, Contact Us, Search, Help, and Privacy Statement, along with the copyright notice: "Copyright 1996 - 2021 National Insurance Producer Registry".

35. 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 NIPR sign-in form. There are two main options for sign-in, each with a radio button. The first option is "Individual and Agency Sign-in with NPN", which includes fields for Resident State (a dropdown menu), Resident License Number, National Producer Number (NPN), and SSN/FEIN (Last 4 digits). The second option is "Individual and Agency Sign-in without NPN or Resident License Number", which includes fields for SSN or FEIN and Firm or Last Name. Below the form are "Login" and "Reset" buttons. A red asterisk followed by the word "required" is located at the bottom left of the form area. The footer contains links for Home, NAIC Web Site, About NIPR, Contact Us, Search, Help, and Privacy Statement, along with the copyright notice: "Copyright 1996 - 2021 National Insurance Producer Registry".

36. 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.

[ Home | NAIC Web Site | About NIPR | Contact Us | Search | Help | Privacy Statement ]  
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Continued on next page.

37. 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.

38. 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.

39. 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.”

The screenshot shows the NIPR (National Insurance Producer Registry) website interface. At the top, there is a navigation bar with links for Home, About NIPR, Search, and Contacts/Help. Below this is the NIPR logo and the text "NATIONAL INSURANCE PRODUCER REGISTRY". The main heading is "PRODUCER/AUTHORIZED SUBMITTER". Underneath, there are links for Attachments Warehouse, Contact Us, and Logout. The user's name is listed as "LASSIE LASSER" and their SSN/FEIN is "XXX-XX-7000". A section titled "Select whether you are :" contains two radio buttons: "Producer" (which is selected) and "Producer's Authorized Submitter". At the bottom of this section are "Back" and "Continue" buttons. A footer contains a list of links: [ Home | NAIC Web Site | About NIPR | Contact Us | Search | Help | Privacy Statement ] and the copyright notice "Copyright 1996 - 2021 National Insurance Producer Registry".

40. 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.”

The screenshot shows a document upload screen. At the top, it says "Use this screen to upload Additional Documents. Once a document is uploaded to the Attachments Warehouse application, it cannot be edited or deleted." Below this are several fields: "Document Type" (dropdown menu set to "Other"), "Application Type" (dropdown menu set to "Resident License"), "Document Description by Producer:" (text area containing "business activities" with a note "(250 maximum characters including spaces and punctuation.)"), and "Producer's Information for Regulators:" (text area containing "business activities" with a note "(600 maximum characters including spaces and punctuation.)"). Below these is a "Document to Upload:" section with a "Choose File" button and the text "No file chosen". At the bottom are "Back" and "Attach Document" buttons. A footer contains a list of links: [ Home | NAIC Web Site | About NIPR | Contact Us | Search | Help | Privacy Statement ] and the copyright notice "Copyright 1996 - 2021 National Insurance Producer Registry".

