

Becoming a Navigator or Certified Application Counselor

A. General Requirements

House Bill 2508 created ARS § 20-336 et seq., which provides requirements for health insurance exchange navigators and certified application counselors (“CACs”).

AFTER YOU SATISFY FEDERAL TRAINING AND CERTIFICATION REQUIREMENTS, you can act as a navigator or CAC in Arizona on or after October 1, 2014, if you satisfy one of the following three requirements:

1. You are licensed as a navigator or CAC, respectively; or
2. You hold an Arizona accident and health or sickness insurance producer license; or
3. You work only on tribal lands and you underwent a federal service security background investigation.

House Bill 2508 takes effect July 24, 2014, which means that the Insurance Licensing Section will begin to review applications from and after that date. In the meantime, individuals and business entities can complete the necessary steps to qualify for the Arizona license.

B. Arizona License Requirements for Individuals

To be an individual licensed as a navigator or CAC, you must fulfill all the following requirements:

- Be at least 18 years old.
- Have not committed any action that is a ground for license denial under ARS § 20-295.
- Have not been convicted of a misdemeanor involving fraud or dishonesty.
- Fulfill and maintain Health Insurance Marketplace (“HIM”) navigator or CAC certification requirements.
 - Review and study training materials (see <http://marketplace.cms.gov/training/get-training.html>).
 - Create a Health Insurance Marketplace training/certification account at <https://marketplace.medicarelearningnetworklms.com/Default.aspx> (using the “Create Account” link if you do not already have one) and entering “Marketplace” as the organization or employer.

- Complete the online training courses, pass all course examinations and receive your navigator or CAC certification.



Direct questions concerning Health Insurance Marketplace registration, training or certification to the Centers for Medicare & Medicaid Services (CMS).

- Submit to the Insurance Licensing Section the following:
 - ~~An~~ Completed license application (OV†) (http://www.azinsurance.gov/producers/prod_get_apply_paper.html).
 - Evidence of your federal navigator or CAC certification.
 - If you underwent a criminal history records check as a condition of employment as a navigator or CAC between August 1, 2010, and July 24, 2014, complete your portion of Form L-CRH and have your employer complete their portion, attesting to your having passed the criminal history records check. Form L-CRH is provided as part of the Form L-NAV application packet.
 - If you did not undergo a criminal history records check as a condition of employment as a navigator or CAC between August 1, 2010, and July 24, 2014, fingerprints sealed in an envelope with a Form L-FPV completed by the fingerprint card technician in accordance with instructions provided on the form *accompanied by* a fingerprint card processing fee (currently \$22 for each card). The fingerprints will be used for a criminal history records of the applicant. Form L-FPV is provided as part of the Form L-NAV application packet.
- Be affiliated with and supervised by a business entity navigator or CAC.
- Fulfill ongoing (annual) federal training/recertification requirements.

C. Arizona License Requirements for Business Entities

To be licensed as a business-entity navigator (Arizona law does not provide for business-entity CACs), the business entity must meet all the following requirements:

- The business entity shall not have committed any act that is ground for license denial under ARS § 20-295.
- The business entity has not been convicted of a misdemeanor involving fraud or dishonesty.
- The business entity submits to the Insurance Licensing Section the following:

- A completed license application (Form L-NAV), currently available from the Department’s “Applying on Paper” web page (http://www.azinsurance.gov/producers/prod_get_apply_paper.html).
- For each business entity board member, officer or director (e.g. the individuals reported to the Arizona Corporation Commission or Arizona Secretary of State in formation documents), fingerprints sealed in an envelope with a Form L-FPV completed by the fingerprint card technician in accordance with instructions provided on the form *accompanied by* a fingerprint card processing fee (currently \$22 for each card). The fingerprints will be used for a criminal history records of the members, officers and directors. Form L-FPV is provided as part of the Form L-NAV application packet.
- The business entity has designated (and reports on Form L-NAV) an individually licensed navigator who is responsible for the business entity’s compliance with Arizona insurance laws.



Because a business entity must identify an Arizona-licensed navigator to serve as its designated responsible individual, and because an individual navigator must report the business entity with which the navigator is affiliated, the L-NAV for the designated responsible individual should be submitted at the same time as the L-NAV for the business entity, with each applicant referencing the other.

D. License Term

If the navigator or CAC applicant already holds an Arizona insurance license, the term of the navigator or CAC authority will expire at the same time as existing license authority.

If the applicant does not already hold an Arizona insurance license,

- The license of an individual shall expire on the last day of the month of the individual’s birth, at least three but not more than four years after the date of licensure.
- The license of a business entity shall expire on the last day of the month, four years after the date the license is issued.

HOWEVER, navigators and CACs must also meet annual federal training and recertification requirements.

Accessing Federal Marketplace Resources for Navigators and Certified Application Counselors

Go to the Health Insurance Marketplace “For Partners” page

1. Navigate to www.healthcare.gov
2. Scroll down and click on “For Partners”

The screenshot shows the Health Insurance Marketplace website. At the top, there is a navigation bar with links for "Individuals & Families", "Small Businesses", and "All Topics". A search bar is located on the right. Below the navigation bar is a large blue banner with the text "Still need health coverage? Find out if you qualify for a Special Enrollment Period or Medicaid/CHIP" and a right-pointing arrow. Below the banner are four circular icons with text: "Report income or life changes", "Use your new coverage", "Small businesses: Apply any time", and "Learn about fees & exemptions". Below the banner is the "Health Insurance Marketplace" logo. The main content area is divided into three columns: "HEALTH INSURANCE BLOG" with three articles, "TOP CONTENT" with three links, and "CONNECT WITH US" with social media icons and a phone number. Below this is a "QUICK INFORMATION" section with a "For Partners" link circled in green, and a "RESOURCES IN OTHER LANGUAGES" section with various language options. On the right, there is a "GET EMAIL UPDATES" section with a "Sign up" button and a "Manage your subscriptions" link.



Become familiar with “Resources for assisters”

The **resources for assisters** page provides a considerable amount of information that can help you assist consumers that may find themselves in unusual circumstances or that have specialized needs. The more knowledgeable you become with the content of these resources, the more efficiently and comprehensively you will be able to render assistance.

Go to “Get training”

Although applicants for navigator and CAC certification will need to complete training and pass examinations *online*, the Health Insurance Marketplace provides navigator and CAC training within documents that you can download to your computer. You may wish to study these documents offline before launching online training.

The **get training** page also provides some basic information for anyone wanting to gain basic familiarity with health insurance, the Health Insurance Marketplace, the small-employer health options plan (SHOP), tax credits and other subjects.

Use “official resources”

Get official resources

Are you planning a local event to help people with the Marketplace? The resources on this page can help you.

Publications & articles	View more >
Research	Explore research >
Multimedia	Get media >
Widgets & badges	Get widgets & badges >
Logo, graphics, & infographics	Get graphics >
Spanish materials	Get materials >
Other languages	View languages >
Other partner resources	Get resources >

The **get official resources** page contains even more resources. Of particular interest may be the *publications* page, which contains Health Insurance Marketplace applications for insurance and corresponding instructions, appeal forms and fact sheets), articles to help consumers get the most from the Marketplace and other resources.

As you can see, the page also allows you to access widgets and badges that can be used on Internet web sites; graphics that can be used in conjunction with Health Insurance Marketplace marketing; and, again, other resources. The “Get graphics” page provides a Health Insurance Marketplace “branding guide” that should be observed.

INSTRUCTIONS FOR FORM L-NAV

- Carefully read these instructions and review your three-page application before submitting it.** The instructions describe additional forms or documents that you may need to submit with your application. If your application is incomplete, the application will be rejected.
- Clearly print in ink or type all information and sign the appropriate "AFFIDAVIT" in ink.**
- QUESTIONS?** Before calling the Department of Insurance, please see if you can find the answer to your question on the PRODUCERS page of the Department of Insurance Internet web site: <http://www.azinsurance.gov/producers>
For questions that are not addressed on our Internet web site, contact the Insurance Licensing Section:
 - E-mail: Licensing@azinsurance.gov
 - Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.
- Retain these instructions for your records.** Do not submit these instructions with your application.
- Submit your application materials and fees to the Insurance Licensing Section** (Paragraph D, below)
 - A. Fees.** You must pay a **\$22 NON-REFUNDABLE** fingerprint processing fee for each fingerprint card you submit. Include your payment made to **INSURANCE LICENSING SECTION** with your license application. The fingerprint processing fee amount is subject to change. Check the PRODUCERS page of the Department of Insurance web site for up-to-date fee information.
 - B. Form L-152.** You must submit Form L-152 and a legible photocopy of both sides of one of the required forms of identification as part of your L-NAV application.
 - C. Fingerprints.** An individual who passed a criminal history check between August 1, 2010, and July 24, 2014, as a condition of employment as a navigator or CAC may complete Form L-CRH instead of submitting fingerprints. A fee is not required with Form L-CRH.

Each other individual applicant, and each business-entity member, officer, director (principal, trustee, etc.) must correctly complete the following procedure to submit a completed fingerprint card (blue-outlined FBI Form FD-258) with the fingerprint processing fee:
 1. We strongly recommend you use a professional fingerprinting service that applies scans your fingerprints with LiveScan technology and prints your fingerprints on a fingerprint card. LiveScan equipment typically provides more legible fingerprints. Fingerprints that are illegible will be rejected and a replacement fingerprint card will need to be submitted.
 2. The fingerprinting technician must carefully follow instructions on Form L-FPV (Fingerprint Verification Form), which will require you to show a valid, unexpired government-issued photo ID. Information on your ID must be current and must match the information entered on the fingerprint card.
 3. The fingerprinting technician will place the completed card and Form L-FPV in a sealed envelope and will write his/her name along the envelope seal. DO NOT open or fold the envelope containing the card or the card will be rejected.
 4. Send or deliver to the Insurance Licensing Section the unopened and not-folded fingerprint card envelope with the fingerprint card processing fee and other license application materials in a larger envelope.



If you submit fingerprints pursuant to this application, your fingerprints will be used to check FBI criminal history records.

If you have a criminal history record, the Department of Insurance shall provide you the opportunity to complete or challenge the accuracy of the information in the record, and a reasonable amount of time to correct or complete the record (or decline to do so) before a license is denied based on the criminal history record. The procedures for changing, correcting or updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Sections 16.30 through 16.34. You can find information on how to review and challenge your FBI criminal history record on the FBI Web site, at www.fbi.gov under Criminal History Summary Checks, or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history record in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (ADPS) Criminal History Records Unit at (602) 223-2222. Information concerning the DPS review and challenge process is available on the ADPS Web site, at www.dps.gov.

D. Organizational Documents (business entities only):

- **If the business entity is organized outside Arizona**, the documents from the domiciliary state must show an Arizona address as the entity's principal location. ARS 20-281(4)(b).
- **If the applicant is a corporation or limited liability company**, include a copy of the articles of incorporation or articles of organization. The articles must show the primary business address as being within Arizona.
- **If the applicant is a partnership**, include a copy of the written **partnership agreement** and **certificate of registration** stamped as "recorded" in the office of the Arizona Secretary of State, or if organized outside Arizona, stamped as "recorded" with the official office in which the partnership was recorded. The agreement must show the primary business address as being within Arizona.
- **If the applicant is a business trust**, include a copy of the filed and recorded trust agreement.

E. Send or deliver the completed application materials with any required fee to:

INSURANCE LICENSING SECTION, 2910 North 44th Street # 210, Phoenix, AZ 85018-7269

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.

APPLICATION FOR A NAVIGATOR LICENSE (FORM L-NAV)

1. READ THE ENCLOSED INSTRUCTION PAGES. INCOMPLETE APPLICATIONS WILL BE RETURNED.

2. Complete ALL PAGES of this form and fulfill all requirements described in the instructions. Forms are available on the PRODUCERS page of our Internet web site (www.azinsurance.gov/producers).

3. Send your completed application materials with any required payment to:

INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269

SECTION I: APPLICANT INFORMATION

Applicant is applying for: (please select one): Navigator Certified Application Counselor (CAC)

Applicant is (please select one): a business entity (navigators only) an individual (navigator or CAC)

If a business entity - Full (genuine) name of business entity					
If an individual - Last name		First name	Middle name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
*To use a name other than your legal name, you must file an Assumed Name Certificate – see INSTRUCTIONS.					
Principal business street address (may not be P.O. box)			City	State	ZIP code
Mailing address (optional)			City	State	ZIP code
Residence address (if an individual)			City	State	ZIP code
Business phone #	Home phone # (individual)	Fax number (optional)		Taxpayer ID (FEIN or Soc. Sec. #):	
E-mail address (optional)					

SECTION II: AFFILIATION WITH BUSINESS ENTITY (INDIVIDUALS ONLY)

List the name of the licensed entity that you are affiliated with and that will be providing supervision.

Business entity name:	Arizona license # (navigator only):
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SECTION III: PRINCIPALS & DESIGNATED RESPONSIBLE LICENSEE (BUSINESS ENTITY ONLY)

On the first row, enter the name of the individual licensed as a navigator who will be responsible for the entity's compliance with Arizona insurance laws. On the remaining rows, list the names and titles of all directors and officers of a corporation, partners if a partnership, members and managers if a limited liability company, trustees if a trust, etc. Attach a signed and dated list if additional space is needed. **See "Fingerprinting Requirements" in the INSTRUCTIONS, Paragraph B.**

Name:	Title: Designated Responsible Licensee
Name:	Title:

SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

License Number: _____	<input type="checkbox"/> 66: Fingerprint (\$22.00) X Quantity _____	TF#: _____
Approved for Licensing by: _____		PDB Checked <input type="checkbox"/>

SECTION IV: TRAINING REQUIREMENTS

Include a copy of your Navigator or CAC training certificate that shows successful completion of training.

SECTION V: ADDITIONAL INFORMATION

ALL applicants must complete this section. Carefully read and respond to each of the following questions. You should provide a "YES" answer even if you believe an incident has been cleared from your record. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program.

A. Has the applicant EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant EVER withdrawn an application for a license or certification to avoid its denial, or have you EVER surrendered a license or certification to avoid disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant EVER been found guilty of, have you had a judgment made against you for, or have you admitted to, any of the following:	
1. A felony (of any kind)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud? ..	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Any misdemeanor involving fraud or dishonesty	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is any case currently pending against the applicant in any jurisdiction accusing you of any issue listed in Question C?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any question in Section V, you must submit:

1. A SIGNED statement describing **in detail** all incidents including
 - a. names of all parties involved,
 - b. dates and locations,
 - c. the names and localities of any courts and/or administrative agencies involved,
 - d. the disposition of each matter,
 - e. whether the conviction, plea or finding was for a felony or open-ended charge;

AND

2. Certified copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. If certified copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. 1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.

SECTION VI: AUTHORIZATION AND RELEASE

A business entity applicant must complete Subsection A; an individual applicant must complete Subsection B

SUBSECTION A: AFFIDAVIT OF VERIFICATION FOR A BUSINESS ENTITY

(Must be signed by an officer of the applicant)

By my signature below, I hereby attest and affirm all the following:

- Authorizes the Arizona Department of Insurance (“DEPARTMENT”) to conduct a background investigation to determine the applicant’s fitness for an insurance license.
- Agrees to promptly respond to questions that may arise from the investigation.
- Authorizes and requests every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about person’s named in the application to furnish to the DEPARTMENT any such information, and permits the DEPARTMENT, its employees, agents or representatives, and the applicant’s authorized insurers, to inspect and make copies of such documents, records and other information.
- Releases, discharges and exonerates the DEPARTMENT, its employees, agents and representatives, the State of Arizona, the applicant’s authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from any investigation made by the DEPARTMENT.
- Attests that the foregoing has been read and is understood.
- Certifies, to the best of his/her knowledge and belief and under penalty of denial, suspension or revocation of the license or any other penalties that may apply, that the answers, statements and information furnished in connection with this license application are true, correct and complete.

Signature of an officer of the applicant: _____	Printed or typed name of signer: _____	Date: _____
Telephone number: (_____) _____	Email address: _____	

SUBSECTION B: AFFIDAVIT OF VERIFICATION FOR AN INDIVIDUAL

By my signature below, I hereby attest and affirm all the following:

- You authorize the Arizona Department of Insurance (“DEPARTMENT”) to conduct a background investigation to determine your fitness for an insurance license. You agree to promptly respond to questions that may arise from the investigation.
- You authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about you to furnish the DEPARTMENT with any such information and you permit the DEPARTMENT, its employees, agents or representatives, and your authorized insurers, to inspect and make copies of such documents, records and other information.
- You release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, your authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from the investigation made by the DEPARTMENT.
- You attest that you have read and understand the foregoing. You certify, under penalty of denial, suspension or revocation of the license and under any other penalties that may apply that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of your knowledge and belief.

Signature of the applicant: _____	Date: _____
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ARIZONA DEPARTMENT OF INSURANCE
 2910 NORTH 44TH STREET, SUITE 210
 PHOENIX, ARIZONA 85018-7269

LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

NOTE: This is NOT a license or renewal application form. You must complete all license application or renewal application requirements IN ADDITION to completing this form.

Arizona Insurance License # (if already licensed):	Last	First	Middle
Business Address (as shown on license or application):			
City, State and ZIP code			

Arizona Revised Statutes § 41-1080 prevents a state agency from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law. View additional information about this requirement on the PRODUCERS page of the Department of Insurance Web site (www.azinsurance.gov).

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top). Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, NM, UT, and WA are not acceptable)
- 3. A birth certificate or delayed birth certificate issued by any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

FULL SIGNATURE OF LICENSEE

DATE

**Arizona Department of Insurance
FINGERPRINT VERIFICATION FORM (FORM L-FPV)**

READ ALL INSTRUCTIONS. If you do not carefully follow these procedures, the Arizona Department of Insurance (“ADOI”) will reject the fingerprint card.

- Complete, or ensure the applicant has completed, all required boxes on the fingerprint card (blue-outlined Form FD-258) prior to applying fingerprints to the card. **DO NOT USE HIGHLIGHTERS OR MAKE STRAY MARKS ON THE FINGERPRINT CARD.**
- View the applicant’s valid, unexpired government-issued photo ID. Make sure the photo resembles the applicant, and compare the physical descriptors on the ID (hair color, eye color, etc.) to the information the applicant provided for the fingerprint card. If the applicant’s ID does not match information the applicant provided for the fingerprint card, you must refuse to apply fingerprints to the card.

3. Complete the following information

Applicant’s Last Name	Applicant’s First Name	Applicant’s Middle Name	Jr/Sr/II/etc.
PRINTED Name of Fingerprint Technician	Fingerprint Technician’s Business/Entity/Organization Name:		
Street Address of Location Where Fingerprints Were Applied	City	State	ZIP Code
			Area Code and Phone No.
Type of Photo Identification Checked (select only one)			
<input type="checkbox"/> Driver License or MVD-issued Identification		<input type="checkbox"/> US Passport or US Passport Card	
<input type="checkbox"/> Other (specify) _____			
Fingerprint Technician’s Signature X _____			Date

- Once the fingerprints have been applied to the card, you must: ► place the fingerprint card and this form into a fingerprint card envelope and seal the flap of the envelope; **AND**, ► print your name across the edge of the flap so that the upper parts of the letters in your name are on the flap and the lower parts of the letters in your name are off of the flap. **YOU MUST NOT GIVE THE APPLICANT THE FINGERPRINT CARD WITHOUT FIRST SEALING IT INSIDE THE ENVELOPE.**
- Tell the applicant NOT to open or fold the fingerprint card envelope, which would cause the card to be rejected.

QUESTIONS?



Regarding a fingerprint card for an insurance professional license applicant, contact the Insurance Licensing Section: licensing@azinsurance.gov or (602) 364-4457

Regarding a fingerprint card for an insurance company representative, contact the Financial Affairs Division: lhunt@azinsurance.gov or (602) 364-3988

**Arizona Department of Insurance
CRIMINAL HISTORY CHECK ATTESTATION (FORM L-CRH)**

Applicant's last name	Applicant's first name	Applicant's middle name	Jr/Sr/II/etc.
Applicant's Employer that required Applicant to undergo a criminal history records check			
Date (month/year) when the criminal history records check was performed			

By signing this form, the Applicant and the Applicant's Employer hereby attest and affirm that all of the information on this form are true and correct to the best of the knowledge and belief of the Applicant and the Applicant's Employer:

1. As a condition of employment as a navigator or a certified application counselor, the Applicant was required to undergo a criminal history records check on or after August 1, 2010, and on or before July 23, 2014; AND,
2. The result of the criminal history records check did not contain information that would be grounds for the denial of the license for which the Applicant is applying*.

*The Department of Insurance has grounds to deny a license if the Applicant admitted to, was ever found guilty of, or was the subject of a judgment that found, any of the following: ► A felony (of any kind); ► obtaining or attempting to obtain any type of license through misrepresentation or fraud; ► forging another's name to any document related to an insurance transaction; ► withholding, misappropriating, converting or stealing money or property; ► committing an insurance unfair trade practice or fraud; ► using fraudulent, coercive or dishonest business practices including forgery with intent to defraud; ► conducting business in an incompetent, untrustworthy or financially irresponsible manner; ► transacting, or helping someone else transact, insurance without the required license authority; ► intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance; ► any misdemeanor involving fraud or dishonesty.

Applicant's signature X _____		Date
Printed name of the representative from the Applicant's Employer	Employer's/representative's phone number	
Email address of the representative from the Applicant's Employer		
Signature of the Applicant's Employer representative X _____		Date