

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES LICENSING SERVICES BUREAU

Continuing Education Program One Commerce Plaza Albany, New York 12257

FOR DEPARTMENT USE ONLY
Approval No.:
Examined By:
Date:

INSTRUCTOR APPROVAL APPLICATION

_1.						
Instructor Name: Last First	M.I.	Date	of Birth	Ge	nder	Social Security No. *
				М	F 🗌	
Business Address Number a	ind Street (Requ	ired)				P.O. Box (if any)
City, Town or Village		C	County (NY	Only)	State	Zip Code
Residence Number	and Street (Re	equired	1)			P.O. Box (if any)
City, Town or Village			County (NY Only) State			Zip Code
Telephone Numbers:					Email A	ddress:
Business: ()			Busines	s:		
Home: ()						
Fax: ()			Persona	al:		
*See Privacy Notification on Page 6.						
2. Qualification to act as a Conti	nuing Education	n Inst	ructor (Cl	neck on	e and p	provide documentation
A. Licensed teacher in B. Employment for three taught [Documentatio C. Licensed by a U.S. of license and line(s) Certification from the D. College Degree or F E. Instructor already ap (Documentation: Copy	e (3) out of the In: Complete Star Insurance Depart to be taught (Department) to be taught (Depa	ast five tement cocume ance gnation	e (5) yea t of Emplo for at lea entation: O Departmer n in the forment to te	rs invologer (reast five Copy of total to care) and to care) are invertible.	ving the quired)]; (5) yea licensering licer be taug	rs in the class(es) (s) or Letter of nse(s); ht; and/or

3. Are you under obligation to pay child support?	
If "Yes,"	Yes or No
(a) Are you current or less than 4 months in arrears?	Yes or No
(b) Are you paying by income execution plan agreed to by courts or parties?	
(c) Is the obligation the subject of pending court proceeding?	Yes or No
(d) Are you receiving public assistance or supplemental income?	Yes or No
(a) Are you receiving public assistance of supplemental medities	Yes or No
If answer to the question regarding obligation to pay child support is "Yes", one of the to (a)-(d) must be "Yes" or approval will expire 6 months from its effective date unless notify the Department by that time which answer has changed to "Yes".	
4. If any of the following questions are answered "YES," an explanation must be attached	
a Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you curre charged with committing a crime?	ently
	Yes or No
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI driving while intoxicated (DWI), driving without a license, reckless driving, or driving w suspended or revoked license and juvenile offenses.	
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judgiury, having entered a plea of guilty or nolo contendere, or having been given probation suspended sentence or a fine.	
b Have you ever been named or involved as a party in an administrative proceeding reg any professional or occupational license or registration?	garding Yes or No
"Involved" means having a license censured, suspended, revoked, canceled, terminal being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action	ted; or,
"Involved" also means being named as a party to an administrative or arbitration processhing which is related to a professional or occupational license.	eeding
"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your action your capacity as an owner, partner, officer, director, or member or manager of a Limit Liability Company.	ons, in
c Has any demand been made or judgment rendered against you, or any business in w you are or were an owner, partner, officer, or director, or member or manager of a limitiability company, for overdue monies by an insurer, insured or producer or have you been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unlet they involve funds held on behalf of others.	ited ever ess
d Have you ever been notified by any jurisdiction to which you are applying of any deline tax obligation that is not the subject of a repayment agreement?	<u></u>
If you answer yes, identify the jurisdiction(s):	Yes or No
e Are you currently a party to, or have you ever been found liable in any lawsuit, arbitrati mediation proceeding involving allegations of fraud, misappropriation or conversion of misrepresentation or breach of fiduciary duty?	
	Yes or No
College was an amplication of the U.S. College and Col	
f Have you or any business in which you are or were an owner, partner, officer, or direct member or manager of a limited liability company, ever had an insurance agency contany other business relationship with an insurance company terminated for any alleged misconduct?	ctor, or tract or

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5. Are you acting as			□Yes □No
If	"YES," list Provider Organization	Name(s) Provider Orga	
	proval Number(s), Course Title(s)		
lame of Provider	Provider Organization	Course Title	Course Approva
	<u> </u>	· 	
ou must notify Provid	er Organization(s) immediately of	any changes in informa	ation on this application.
	rtment's Continuing Education of the continuing in the continuing is a second of the continuing in the continuing is a second of the continuing is a second	riteria, which is availa	ble on the Department's
Inder the penalties or rue and hereby subsc	of perjury I affirm that the information of the cribe thereto.	mation given in the fo	regoing application is
Signatu	re of Proposed Instructor		Date
The remainder	of this application must be co Continuing Education Course roved, shall teach(if necessary, a	Fitle(s) or Insurance s	der Organization.
The remainder List the approved Instructor, if appr	of this application must be co	Fitle(s) or Insurance s	der Organization.
The remainder List the approved Instructor, if appr	of this application must be co Continuing Education Course coved, shall teach(if necessary, a	Fitle(s) or Insurance s	der Organization. subject area(s) which this
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The remainder List the approved Instructor, if appr	of this application must be co Continuing Education Course roved, shall teach(if necessary, a course Title Insurance Seatth Life/Accident & Health	Fitle(s) or Insurance settach list): Course ubject Area: Personal Lines	der Organization. subject area(s) which this e Approval Number

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The Provider Organization must notify the Department immediately of any changes in the information on this application.

A non-refundable application fee of \$50.00 must accompany this application. Make the check payable to the Superintendent of Financial Services.

I verify that the Provider Organization has satisfied itself as to the validity of the information on this application and on the attached documentation.

Provider Organization Name	Provider Organization Approval No.
Signature of Provider Organization Designated Person	Date
Print or Type Above Name	Telephone Number
Email Address	Facsimile Telephone Number

A person may <u>NOT</u> act as an Instructor for this Provider Organization until an Instructor Approval Document has been issued by the Department.

* * * CHILD SUPPORT NOTIFICATION * * *

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to § 11-0713 of the Environmental Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under § 175.35 of the Penal Law.

* * * PRIVACY NOTIFICATION * * *

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

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Attachment to Form CE 3



NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES LICENSING SERVICES BUREAU

Continuing Education Program One Commerce Plaza Albany, New York 12257

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Approval No.:
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STATEMENT OF EMPLOYER THIS FORM MUST BE COMPLETED BY THE EMPLOYER ONLY IF Question 2B ON THE INSTRUCTOR APPLICATION IS CHECKED.

Name of Employer				Tax Identifi	cation Number	* Tel	ephone Number *
Business Address: No. & (Required)	Street	P.O. Box (if any)	City, Town	or Village	County	State	Zip Code
Name of Employee: Las M.I.	st First		Socia	al Security N	L umber *	Tel	ephone Number *
Residence: No. & (Required)	Street	P.O. Box (if any)	City, Town o	or Village	County	State	Zip Code
In what line(s) of busing the subject to be taught	nt.	the applicant e				ng dutie Other:	-
List the qualifying dutie	_		,	•	_	• <u> </u>	
	Specific [Outies		Hours	per Day D	evoted	to each Duty
Dates of employment v			Month/Day/Ye	ear		/Day/Ye //ENT	 ar
Was/is employment full		ando for unom	polovmont inqui	rango tay?		Ÿ	ES or NO
During said period, wa	, ,		іріоўпіені інѕиі	iaiice lax?		Ϋ́	ES or NO
If answer is "NO," pro	viue expianai						

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	Signature of Employer	Date
	Print Above Name	Title
Note:	If the employer is a corporation this form must applicant. If the employer is a limited liability company the than the applicant. If the employer is a partnership this form must other than the applicant.	nis form must be signed by a member other

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