**RESIDENT/NONRESIDENT**
**AGENT APPOINTMENT**

**Ref**: Section 628.11, Wis. Stat.
Section Ins 6.57, Wis. Adm. Code

State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
ociagentlicensing@wisconsin.gov

**INSTRUCTIONS:** Submission of this form constitutes company certification that each agent holds a current/valid license and that it has investigated each agent's criminal background. No fees are required at this time, as companies are billed annually for newly appointed agents. The appointment action letter or error report will be mailed to the company's address on file. The processing of an appointment does not constitute the waiver required by the federal Violent Crime Control and Law Enforcement Act of 1994 (18 U.S.C. §§ 1033 and 1034). Prior to contracting with an agent who falls under this law, companies should comply with the Act, including obtaining all waivers.

| **Company Name** | **NAIC Number** |
|---|---|
| **Name of Person Submitting this Report** | **Date** |

| Agent Name | Appointment Types* | Requested Appointment Date | License Number |
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* Appointment Types: Life | Accident & Health | Property | Casualty | Personal Lines P&C | Variable | Legal Expense | Credit | Title | Crop | Surety