



**ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1 COMMERCE WAY, SUITE 104, LITTLE ROCK, AR 72202  
PHONE: 501-371-2750, FAX: 501-683-2604  
Website <https://insurance.arkansas.gov/pages/industry-regulation/>**

**ARKANSAS REPLACEMENT LICENSE RENEWAL  
FOR TITLE AGENTS**

**Enclosed Fees: Renewal Fee \_\_\_\_\_ + Late Fee \_\_\_\_\_ + CE Filing Fee \_\_\_\_\_ = \$ \_\_\_\_\_ Total**  
**Producers required continuing education must pay a filing fee of \$10.00 for 1 year**

Name \_\_\_\_\_ License # \_\_\_\_\_  
 Last First Middle Initial

Current Mailing Address: \_\_\_\_\_  
 P.O. Box or Street Number City State Zip

Current Business Address: \_\_\_\_\_  
 P.O. Box or Street Number City State Zip

Current Residence Address: \_\_\_\_\_  
 Street Number City State Zip

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**THESE QUESTIONS MUST BE ANSWERED: If you answer yes, you must attach to this renewal form (a) a written statement explaining the circumstances of each incident, (b) a copy of any legal notice and (c) a copy of the official documentation showing the resolution or final judgment.**

1. Have you been convicted of or currently charged with a crime (whether or not adjudication was withheld) since the last renewal of this license?  
 Yes No
2. Have you or any business in which you are or were an owner, partner, officer, or director or any business in which you are or were an owner, partner, officer or director been involved in an administrative proceeding regarding any professional or occupational license since the last renewal of this license?  
 Yes No
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured, or producer since you last renewed this license?  
 Yes No
4. Have you been subject to a bankruptcy proceeding since you last renewed this license? Yes No
5. Have you been notified by any jurisdiction of any delinquent tax obligation Yes No  
 a) If yes, do you have a repayment agreement Yes No
6. Since your last renewal, are you a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No
7. Do you have a child support obligation in arrearage? Yes No  
 If you answer yes to Question 7,  
 a) By how many months are you in arrearage? \_\_\_\_\_ Months  
 b) Are you currently subject to a repayment agreement? Yes No  
 c) Are you the subject of a child support related subpoena/warrant? Yes No

**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 renewal and may subject me to criminal penalties.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (Wet ink signature is required---Do not use stamped signature)

**Title Agents are required to complete 6 hrs of continuing education each year of which 1 hr must be in ethics. No courses can be repeated within 2 full years from completion and filing of the course. All hours must be completed and filed with the Department prior to renewal of the license. Late filing of continuing education is subject to penalties of \$25.00 for the first 30 days, \$50.00 for days 31 to 60, \$100 for days 61 to 90 days, and \$150 penalty after 90 days.**

**A license that has been inactive for more than 365 days cannot be reinstated—the individual must start over as having never been licensed.**

**MAKE CHECK PAYABLE TO THE ARKANSAS INSURANCE DEPARTMENT TRUST FUND. PLEASE MAIL PAYMENTS AND THE COMPLETED FORM to the attention of the License Division at the address listed above.**

**For 2011**

**Renewal Fee: \$35.00 CE Filing Fees: \$10.00 Total: \$45.00**  
**If renewing after renewal date: Fee of \$35.00 plus \$10.00 CE filing Fee plus late fee of \$70.00 Total: \$115.00**

**Department Use Only:**

Route Slip or Check No. \_\_\_\_\_ or Cash Receipt No. \_\_\_\_\_

Date Received: \_\_\_\_\_ Record Posted \_\_\_\_\_