

Guidance for the Filing of Life Settlement Intermediary Registration Applications in Accordance with Section 7804 of the New York Insurance Law

Return to Life Settlements section

Section 7802 (l) of the New York Insurance Law defines “life settlement intermediary” as a person who maintains an electronic or other facility or system, for the disclosure, through a forum of offers and counter offers, to sell or purchase a policy pursuant to a life settlement contract; and delivers to:

a life settlement provider an offer from a life settlement broker or owner to sell a policy; or an owner or life settlement broker an offer from a life settlement provider to purchase a policy.

In accordance with Section 7804 of the New York Insurance Law, no person shall act as a life settlement intermediary in this state without having the authority to do so by virtue of a life settlement intermediary registration issued by the Superintendent of Financial Services.

Life Settlement Intermediary Registration Application Forms must be submitted IN DUPLICATE as follows:

- An application, including all applicable attachments, should be sent to: Life Bureau, New York State Department of Financial Services, One State Street, New York, New York 10004.
- A duplicate original application, including all applicable attachments; a check in the amount of \$7,500 made payable to "Superintendent of Financial Services"; evidence of electronic fingerprinting; or if applicable, completed fingerprint cards, accompanied by the applicable fingerprinting fees; and an original set of biographical affidavits should be sent to: Licensing Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, NY 12257.

Fingerprinting - all applicants with an address in New York State **MUST** be electronically fingerprinted with Identogo by MorphoTrust USA: www.Indentogo.com; fingerprint cards will **NOT** be accepted from any applicant with any address in New York State; proof of fingerprinting must be submitted with the application. Applicants with no address in New York State and unable to go to an electronic fingerprinting site in New York State must submit the fingerprint cards and fingerprint fee with the licensing application and licensing fee. Fingerprinting fee is **\$101.45 (check made payable to MorphoTrust USA)** (\$75 for DCJS plus \$16.50 for FBI plus \$9.95 for fingerprinting processing). Fingerprinting is required for every member, shareholder and officer or director of any entity applying for a license.

Questions regarding the registering of life settlement intermediaries may be directed to Fred Bodinger at (212) 480-4912.

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NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

LIFE SETTLEMENT INTERMEDIARY REGISTRATION APPLICATION

General Instructions: Applications must be submitted **IN DUPLICATE**. The application, including all applicable attachments, should be sent to the Life Bureau of the New York Department of Financial Services at the address shown at the bottom of this page. The duplicate original application, including all applicable attachments, and a check in the amount of \$7,500 made payable to "Superintendent of Financial Services"; evidence of electronic fingerprinting; or if applicable, completed fingerprint cards, accompanied by the applicable fingerprinting fee; and an original set of biographical affidavits should be sent to: Licensing Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, NY 12257. Each such registration shall expire on June 30 of odd-numbered years.

Attach addendum or separate sheet if space herein is insufficient to answer any question fully. **IF ANSWER TO ANY QUESTION IS "NO," "NONE" OR "NOT APPLICABLE," SO STATE.** Any addendum, separate sheet or supporting document that is attached to and/or enclosed with this application form shall be clearly labeled.

Check Type of Application: ORIGINAL RESUBMISSION AMENDMENT

1. Name of Applicant:

2. DBA (if applicable):

3. Any other names under which the applicant is operating or has operated in any jurisdiction, if different than the above:

4. Home Office Address:

(Street or PO Box)

(City)

(State)

(Zip Code)

5. Mailing Address:

(Street or PO Box)

(City)

(State)

(Zip Code)

LIFE SETTLEMENT INTERMEDIARY – REGISTRATION APPLICATION (Continued)

6. Principal place of business of the applicant:

(Street or PO Box)

(City)

(State)

(Zip Code)

7. Website URL (if any): _____

8. Name of the contact person to address any questions regarding this application:

Mailing Address: _____

E-mail Address: _____

Direct telephone number: _____

9. Type of Business Organization:

- Corporation Partnership Limited Liability Company
 Other (Identify/Explain below)

10. State of Domicile: _____

11. Date Incorporated: _____

12. FEIN Number: _____

13. Does the applicant intend to enter or offer to enter into a life settlement contract with an owner of a policy? **If “Yes”, STOP and complete license application for life settlement provider.**

Yes No

14. Does the applicant intend, for compensation, to solicit, negotiate or offer to negotiate a life settlement contract? **If “Yes”, STOP and complete license application for a life settlement broker.**

Yes No

15. List all states in which an application for licensure or registration as a life/viatical settlement provider, life/viatical settlement broker, or life/viatical settlement intermediary is currently pending and indicate the type of license or registration pending:

LIFE SETTLEMENT INTERMEDIARY – REGISTRATION APPLICATION (Continued)

16. List all states in which the applicant is currently licensed or registered as a life/viatical settlement provider, life/viatical settlement broker, or life/viatical settlement intermediary and the type of license or registration held by the applicant:

17. List all states in which the applicant is currently doing or intends to do a life settlement business in which licensure or registration is not required:

18. List all states in which an application for licensure or registration as a life/viatical settlement provider, life/viatical settlement broker, or life/viatical settlement intermediary has been refused, denied, revoked or suspended (provide an explanation of the regulatory action for each listed state):

19. Provide the information below for executive officers directly responsible for the life settlement intermediary business and all stockholders (except stockholders owning fewer than ten percent of the voting shares of the applicant whose shares are publicly traded), partners, officers, members, directors, and persons with a controlling interest. (For the purposes of this list, “controlling interest” means a person who directly or indirectly, has the power to cause to be directed the management, control or activities of the applicant.)

Full Name	Title	Social Security Number	Address	% Ownership
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20. With regard to executive officers directly responsible for the life settlement intermediary business and all stockholders (as excepted above), partners, officers, members, directors, and persons with a controlling interest who are conducting the business of the applicant:

- A. Have any been found guilty of fraudulent or dishonest practices? Yes No
- B. Have any been subject to a final administrative action or otherwise been shown to be untrustworthy or incompetent to act as a life or viatical settlement provider or broker? Yes No
- C. Have any been found to have demonstrated a pattern of unreasonable payments to owners or insureds in life settlement transactions or viators in viatical settlement transactions? Yes No
- D. Have any been convicted of a felony or any misdemeanor involving moral turpitude? Yes No
- E. Have any been found guilty of unlawfully engaging in the business of life or viatical settlements in other states? Yes No

LIFE SETTLEMENT INTERMEDIARY – REGISTRATION APPLICATION (Continued)

F. Have any been found guilty of failing to honor contractual obligations set out in a life or viatical settlement contract? Yes No

G. Have any, or has any business in which any are or were a stockholder (as excepted above), partner, officer, member, director, or person with a controlling interest, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If the response to any of the questions above is **Yes**, please provide details including dates, locations, disposition, etc. (attaching supporting documentation, as appropriate). If a Biographical Affidavit provided with application already addresses such a response, please identify the individual.

Attach the following documents, completed forms and items. (Referenced forms are posted on the Department’s website.) Use the check box to indicate that the item is enclosed.

A non-refundable fee of \$7,500. Checks should be made payable to the “ Superintendent of Financial Services” and be sent to Licensing Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, NY 12257. A copy of the check should be included with the registration application.

Evidence of name approval from Office of General Counsel, New York State Department of Financial Services, One Commerce Plaza, Albany, NY 12257. Please specify in the name approval request that the name is for a life settlement intermediary.

Current Certificate of Good Standing from the Secretary of State of the state where the applicant is domiciled, where the applicant is a legal entity.

A power of attorney that meets the requirements of Section 7804(e) of the New York Insurance Law designating the Superintendent as attorney for service of process. (Complete forms LSI-601, LSI-602 and LSI-603.)

Biographical affidavits of executive officers directly responsible for the life settlement intermediary business and all stockholders (except stockholders owning fewer than ten percent of the voting shares of the applicant whose shares are publicly traded), partners, officers, members, directors, and persons with a controlling interest, including fingerprints filed in compliance with the Electronic Fingerprinting procedure. (Complete NAIC Biographical Affidavit – Form 11 for each individual.) The Electronic Fingerprinting Procedure is posted on the Department of Financial Services website. One original copy of biographical affidavits, along with evidence of electronic fingerprinting, or if applicable, completed fingerprint cards and applicable fingerprinting fee, should be submitted to Licensing Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, NY 12257. An additional set of original biographical affidavits, along with evidence of compliance with fingerprinting requirements, should accompany the registration application.

A copy of the applicant's most recent audited financial statement and any subsequent unaudited statements.

LIFE SETTLEMENT INTERMEDIARY – REGISTRATION APPLICATION (Continued)

A detailed plan of operation providing an overview of the applicant's business and including, but not limited to, the following information:

Full particulars on the manner in which the applicant proposes to operate in New York and the type of insurance contracts disclosed on the electronic forum which will be offered for purchase or sale in New York;

A detailed description of the electronic or other facility or system maintained by the applicant, including how the facility or system operates in the disclosure and delivery of offers and counteroffers in the sale or purchase of a policy;

A detailed description of the applicant's marketing techniques, including how the applicant advertises and markets its business and the qualifications and selection criteria (if any) utilized in the screening and selection of life settlement providers and life settlement brokers who are permitted to do business with the applicant;

A detailed description of the method of compensation received by and fees charged by the applicant in connection with its life settlement intermediary business;

A detailed description of the applicant's procedures for maintaining the confidentiality of the identity of insureds and owners and all non-public personal information solicited or obtained in connection with a proposed or executed life settlement, including financial and medical information of the owner and insured;

A statement of the types of business that the applicant currently transacts and the geographical locations where it engages in a particular type of business. The statement should indicate whether the life settlement intermediary business is or will be the applicant's primary or sole business;

A list of all business licenses held by the applicant from any government entity, the type and term of such license, and the issuing governmental agency;

A list of the applicant's key management personnel, including job title and a brief description of the job duties;

Projected life settlement business to be done in New York for the applicant's business for the next three years; and

Any additional information the applicant deems pertinent to its business.

Plan of Operation Commitment. (Complete form LSI-PlanofOpCommit)

Exhibit of Policies Available and Settled Through Applicant. (Complete form LSI-PolExh)

Description of the applicant's training and education.

Applicant's most recent organizational chart.

Certification and Attestation

Each of the undersigned must read the following very carefully:

- ◆ 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 registration revocation or denial of the registration and may subject me to civil or criminal penalties.
- ◆ I further certify that I grant permission to the Superintendent of Financial Services, or other appropriate party to verify information with any federal, state or local government agency, current or former employer.
- ◆ I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- ◆ I authorize the Superintendent to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and I release the Superintendent and any person acting on the Superintendent’s behalf from any and all liability of whatever nature by reason of furnishing such information.
- ◆ I acknowledge that I understand and will comply with the insurance laws and regulations of New York.

THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL PERSONS NAMED IN QUESTION 19.

Name of Life Settlement Intermediary

Signature	Name	Title	Date
Signature	Name	Title	Date
Signature	Name	Title	Date
Signature	Name	Title	Date
Signature	Name	Title	Date

*** * 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 the 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 the 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.

INTERMEDIARY’S LETTERHEAD

Superintendent of Financial Services
New York State Department of Financial Services
One State Street
New York, NY 10004

Re: XYZ Life Settlement Intermediary (“Intermediary”)
Plan of Operation

Dear Sir:

**COMMITMENT TO THE NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES**

In the future, if the Intermediary plans to make any material deviation from the Plan of Operation originally submitted to the Department, including entering into any new product line or lines of business, or if it appears that the Intermediary’s actual operations will deviate materially from such Plan of Operation, the intermediary will inform the Department of such planned deviation or change in actual operation, submit to the Department a new Plan of Operation and obtain the Department’s approval prior to making any such deviation.

Respectfully submitted,

TITLE

LSI – Plan of Op Commit

Name of Applicant

POLICIES AVAILABLE AND SETTLED THROUGH APPLICANT (Most recent five years, beginning with last previous calendar year)

Year	Total Number of Policies Available for Purchase on Applicant's Facility or System	Total Number of Policies Settled Through the Applicant's Facility or System	Total Face Amount of Policies Settled Through the Applicant's Facility or System	Total Final Offers Made on Policies Settled Through the Applicant's Facility or System	Fees or Other Compensation Received by Applicant on Policies Settled Through the Applicant's Facility or System
20__					
20__					
20__					
20__					
20__					

CERTIFIED COPY of a resolution duly passed by the board of directors of the _____ on the _____ day of _____, 201__.

At a meeting of the board of directors of the _____ held on the ___ day of _____ 201__, at the office of the _____ a quorum of the said board was present and on motion the following resolution was duly passed by said board:

"RESOLVED That the _____ now authorized, or having applied for authority to do a life settlement intermediary business in the State of New York, does hereby authorize the president and secretary, under the corporate seal of the _____ to appoint the Superintendent of Financial Services of the State of New York, his successors in office, and any deputy superintendent, its true and lawful ATTORNEY, in and for the State of New York, upon whom all lawful process against said _____ may be served in any action or proceeding against said _____ in the State of New York, subject to and in accordance with all the provisions of the Insurance Law of the State of New York in force at the time of such service. This appointment shall be binding upon any successor acquiring the assets and assuming the liabilities of such life settlement intermediary by merger or consolidation, and it is further

RESOLVED That the _____ does hereby authorize the president and secretary, under the corporate seal of the _____ to execute and file in the office of the Superintendent of Financial Services of the State of New York a certificate of designation of an officer, agent or other person to whom shall be forwarded all process served pursuant to the Insurance Law of the State of New York upon the Superintendent of Financial Services of said State, his successors in office, or any deputy superintendent; and it is further

RESOLVED That the _____ does hereby authorize the president and secretary, under the corporate seal of the _____ to change such designation, or any subsequent designation, by filing a new certificate of designation in the office of the Superintendent of Financial Services of the State of New York."

I HEREBY CERTIFY that the above is a correct copy of the resolution of the directors of the _____ authorizing the appointment of an attorney for the State of New York and authorizing the appointment of an agent to whom process may be forwarded.

Secretary

CERTIFICATE OF DESIGNATION BY LIFE SETTLEMENT INTERMEDIARY

THIS IS TO CERTIFY That the _____

of _____ in the State of _____, hereby designates:

(Name)

(Post office or street address)

(City, town or village)

(State and zip code)

as its officer, agent or other person to whom shall be forwarded all lawful process served, pursuant to the Insurance Law of the State of New York, upon the Superintendent of Financial Services of said State, his successors in office, or any deputy superintendent. This designation shall continue in full force and effect until superseded by a new designation.

IN WITNESS WHEREOF, The said _____ in accordance with the resolution of its Board of Directors duly passed on the ___ day of _____, 201_ , has to these presents affixed its corporate seal, and caused the same to be subscribed and attested by its President and Secretary, at the City of _____, in the State of _____ on the ___ day of _____ 201_.

President

Secretary

STATE OF _____)
)ss.:
COUNTY OF _____)

On this ____ day of _____, 201_, before me, the subscriber, a _____, duly appointed to take the proof and acknowledgment of deeds and other instruments, came _____, President, and _____, Secretary of the _____ to me personally known to be the individuals described in and who executed the preceding instrument; and they each duly acknowledged the execution of the same; and being by me each duly sworn, severally, and each for himself/herself, deposed and said, that they were the said officers of the _____ aforesaid, and that the seal affixed to the preceding instrument was the corporate seal of the said _____ and that the said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said _____.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of _____ the day and year first above written.

APPOINTMENT OF SUPERINTENDENT OF Financial Services AS ATTORNEY

KNOW ALL MEN BY THESE PRESENTS

That the _____,
a life settlement intermediary of the _____ of _____ in the State of _____,
now authorized or having applied for authority to do a life settlement intermediary business in the State of
New York, hereby appoints the Superintendent of the New York State Department of Financial Services,
his successors in office, and any deputy superintendent, its true and lawful ATTORNEY, in and for the
State of New York, upon whom all lawful process against said life settlement intermediary may be served
in any action or proceeding in the State of New York, subject to and in accordance with all the provisions
of the Insurance Law of said State of New York in force at the time of such service. This appointment shall
be binding upon any successor acquiring the assets and assuming the liabilities of such life settlement
intermediary by merger or consolidation.

IN WITNESS WHEREOF, The said _____
in accordance with the resolution of its Board of Directors duly
passed on the ___ day of _____, 201_, has to
these presents affixed its corporate seal, and caused the same to be
subscribed and attested by its President and Secretary, at the City of
_____, in the State of _____,
on the _____ day of _____, 201_.

President

Secretary

STATE OF _____)

)ss.:

COUNTY OF _____)

On this _____ day of _____, 201_, before me, the subscriber, a _____, duly appointed to take the proof and acknowledgment of deeds and other instruments, came _____ President, and _____, Secretary of the _____ to me personally known to be the individuals described in and who executed the preceding instrument; and they each duly acknowledged the execution of the same; and being by me each duly sworn, severally, and each for himself/herself, deposed and said, that they were the said officers of the _____, aforesaid, and that the seal affixed to the preceding instrument was the corporate seal of the said _____ and that the said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said _____.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of _____ the day and year first above written.



FINGERPRINTING PROCESS/PROCEDURE

The New York State Division of Criminal Justice Services (DCJS) has a contractual agreement with MorphoTrust USA to provide electronic fingerprint processing services on a statewide basis for all individuals requiring a criminal background check.

New York State Department of Financial Services applicants with an address in New York State are **required** to be electronically fingerprinted by MorphoTrust USA.

Contact MorphoTrust USA at 877-472-6915 or www.identogo.com. The Request for NYS Electronic Fingerprinting Services - Information Form (form NYSIDFEP), attached, must be completed and submitted to MorphoTrust USA at the time of being electronically fingerprinted.

Fingerprint cards will not be accepted from any applicant with any address in New York. Any application bearing an address in New York State submitted with fingerprint cards will be rejected. Applications must be submitted with proof of being electronically fingerprinted through Identogo by MorphoTrust USA.

Applicants who do not have any address in New York State and are unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York (for list of locations go to www.identogo.com) may send the New York fingerprint cards to this Department with their application, fees, and the NYS Request for Card Scan Services - Information Form (form NYSIDCSFP), attached. **NOTE** - only the fingerprint cards furnished to the applicant by the New York State Department of Financial Services can be used; out of state fingerprint cards are not acceptable and will be returned. Applications without the NYS Request for Card Scan Services - Information Form will be rejected. The identifying information entered on the fingerprint card **MUST** be exactly the same identifying information provided on the Information Form; if not the application will be returned.

Note - Fingerprinting is required for all adjuster, bail bond/charitable bail*, and life settlement provider*/intermediary*/ broker* licenses.

Fingerprinting is required for any person wishing to be an officer/director* of an insurance company.

*FBI fingerprints are also required

Fingerprint Fee for Adjusters	\$ 84.95
Fingerprint Fee for Bail Bond Agents/Charitable Bail Organization	\$ 99.70
Fingerprint Fee for Life Settlement Providers, Life Settlement Intermediaries, and Life Settlement Brokers	\$ 99.70

Request for NYS Electronic Fingerprinting Services - Information Form

Instructions for applicant: Complete this form and visit www.Identogo.com or call 877-472-6915#o schedule an appointment for fingerprinting. Remember to bring this form and required forms of identification to your fingerprinting appointment.

ORI: NY921270Z

Contributor Agency: NEW YORK STATE DEPT. OF FINANCIAL SERVICES
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

_____ Social Security Number

- Public/Independent Adjuster
 - Professional Bondsman/Charitable Bail Organization
 - Life Settlement Broker
 - Life Settlement Intermediary
 - Life Settlement Provider
 - Princ, Exec, Dir Ins Co (provide name of insurance company)
- _____

****IMPORTANT****

If you do not have a Social Security Number, you must contact the NYS Dept. of Financial Services at 518-474-6630 or licensing@dfs.ny.gov

Applicant Section: New Submission Resubmission

Name of Applicant: _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Age: ____ Sex: Male Female Race: _____

Ethnicity: Hispanic Non Hispanic Unknown Height: _____ft. _____in. Weight: _____lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State/Country of Birth: _____ Country of Citizenship: _____

Request for NYS Electronic Fingerprinting Services - Information Form (CONTD)

Accepted Forms of Identification Section:

NOTE: Applicant *MUST* present two (2) forms of ID, at least one of which must have a photo (see Column A):

Column A – Valid Photo Identification:

U.S. Passport (unexpired or expired)
Permanent Resident Card
Alien Registration Receipt Card
Unexpired Foreign Passport
Driver’s License or Photo ID Card
(issued by U.S. State or Territory)
School or College ID Card (with photo)
Unexpired Employment Authorization
with photo (Form I-766, I-688, I688A or B)
Photo ID Card issued by federal, state, or local govt.

Column B – Valid Supplementary Identification:

Voter registration card
U.S. Military card or draft card
Military dependent’s ID card
Coast Guard Merchant Mariner Card
Native American Tribal Document
Canadian Driver’s License
U.S. Social Security Card
Original or certified copy of a Birth Certificate issued
by authorized U.S. agency with official seal
Certification of Birth Abroad (issued by U.S. Department
of State)
U.S. Citizen Id Card (Form 1-7)

Enrollment website address: www.identogo.com

Call Center phone number: 877-472-6916

NYS Request for Card Scan Services - Information Form

This form is for an applicant who has no address in New York and unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York
(list of locations @ www.Identogo.com)

This form must be completed for submission with application AND fingerprint cards; all identifying information must match.

Please Print Clearly

Contributor Agency Section:

ORI: NY921270Z

Contributor Agency: NEW YORK STATE DEPT. OF FINANCIAL SERVICES
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

_____ Social Security Number

- Public/Independent Adjuster
- Professional Bondsman/Charitable Bail Organization
- Life Settlement Broker
- Life Settlement Intermediary
- Life Settlement Provider
- Princ, Exec, Dir Ins Co (provide name of insurance company)

Applicant Section: New Submission Resubmission

Name of Applicant: Last _____ First _____ M.I. _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Age: _____ Sex: Male Female Race: _____

Ethnicity: Hispanic Non Hispanic Height: _____ ft. _____ in. Weight: _____ lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State / Country of Birth: _____ Country of Citizenship: _____

Payment Section:

- Payment for Cardscan submission must be made separate from your payment for license fee application.
 - Licensing Fee - check is made payable to Superintendent of Financial Services
 - Fingerprint Fee is made payable to MorphoTrust USA

Fingerprint Fees – DCJS fee + MorphoTrust USA Fee = \$84.95

DCJS fee + FBI Fee + MorphoTrust USA Fee = \$99.70

- Payment for Princ, Exec, Dir Ins Co (officer/director) should be made payable to MorphoTrust USA.
 - DCJS fee + FBI Fee + MorphoTrust USA Fee = \$99.70
- Options include: Personal or business check, certified check, bank check or money order.
Escrow Account with MorphoTrust USA; Escrow Account number will be required.

The NYS Dept. of Financial Services will submit payment and fingerprint cards directly to MorphoTrust USA