



May 18, 2020

SENT VIA CERTIFIED MAIL & U.S. FIRST CLASS MAIL

Jesse Gomez III
4301 Cambridge Road
Fort Worth, TX 76155-2627

7019 0700 0001 4782 9519

RE: Application for Insurance Producer License

Mr. Gomez,

This letter is to notify you that your application for licensure as a nonresident insurance producer in South Dakota has been denied. The reason for the denial is as follows:

You submitted two identical applications for an individual nonresident insurance producer license to the South Dakota Division of Insurance ("Division") on October 31, 2019. On your answer to the application questions concerning criminal background, you indicated that you were the subject of misdemeanor and felony prosecutions. The documentation you provided indicated you were the subject of a felony prosecution involving the possession of cocaine with intent to deliver in 2014. Prior to this, you disclosed crimes regarding marijuana in 2005 and driving with an invalid license in 2004. The Division wrote to you to request additional information to clarify your application via mail and phone, but to date no response has been received from you.

Based on the above information in view of ARSD 20:06:01:03 and 20:06:01:04, your application is denied based upon SDCL § 58-30-167(1), (6), and (8) for incompleteness, for having been convicted of a felony, and for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere.

Please note that this denial is considered an administrative action which will be reported to the database maintained by the National Association of Insurance Commissioners. If an administrative action occurs, an insurance producer may be required to report the action to any and all states in which an insurance license is held and in accordance with the timeframes and requirements of each state.

Pursuant to SDCL § 58-30-168, you may make a written request to the Division of Insurance within thirty days of the date of this denial for a hearing to determine the reasonableness of this decision to deny your application for licensure.

Sincerely,

Maggie Dell
Assistant Director, Producer Licensing
South Dakota Division of Insurance

CC: Jesse Gomez III
2745 Westpointe Dr., Apt. 1005
New Braunfels, TX 78132

7019 0700 0001 4782 9519

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street and Apt. No., or PO Box No. _____	
City, State, ZIP+4® _____	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	