SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF INSURANCE
124 S. EUCLID AVE., 2ND FLOOR PIERRE, SOUTH DAKOTA 57501
Tel. 605.773.3513 Fax: 605.773.5369 dlr.sd.gov/insurance

APPLICATION FOR PORTABLE ELECTRONICS LICENSE

☐ Resident ☐ Nonresident ☐ Individual ☐ Firm | **$25** Resident **$30** Nonresident

Vendor Name: _____

Federal Tax ID: _____

Home Office Address: _____

Mailing Address: ☐ Check box and leave blank if mailing is the same as home office.

_____
P.O. BOX STREET ADDRESS CITY STATE ZIP CODE

Business address: _____
STREET ADDRESS CITY STATE ZIP CODE

Contact person concerning application Name: _____

Email: _____ **Phone:** _____ **Fax:**_____

Questions:

1) Please enter the name and resident address for the employee or officer of the vendor that is designated as the person responsible for the vendor's compliance with SDCL 58-47?

_____

2) Have you, your vendor, corporation or any of its officers or directors or any of your representatives, ever been fined, had an insurance license suspended, been denied a license or been subject to any other administrative action by any state, or been convicted of or plead guilty or nolo contendere to any misdemeanor? (Circle one) Yes No

If yes, a detailed explanation with pertinent documentation **must be** attached and submitted.

APPLICATION CERTIFICATION: I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that all of the information submitted in this application and the attachments are true and complete. I certify that I have the authority and capacity to execute this application on behalf of the applicant. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license denial or revocation.

Name_____ Signature _____
Typed/Printed

Title_____ Date _____