

**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**PORTABLE ELECTRONICS LICENSE APPLICATION  
SUPPLEMENTAL DOCUMENTATION***Review South Dakota Codified Law (SDCL) Title 58, specifically but not limited to SDCL 58-47*

Complete application through NIPR with payment of application filing fee.

- Application will be pending until all required documentation is submitted and reviewed. Notification of disposition will be issued upon completion of review.
- Any items required to accompany the application, including the question answers below, must be submitted through [NIPR Attachment Warehouse](#).

**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
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**Business address:** \_\_\_\_\_

STREET ADDRESS	CITY	STATE	ZIP CODE
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**Contact person concerning application Name:** \_\_\_\_\_**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**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 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 \_\_\_\_\_