



Licensing Agent Application

Business type: Corporation LLC LLP Partnership Sole Proprietor

Licensing Agency Legal Name _____

DBA _____

Tax Identification Number _____

Agency E-Mail Address _____

Physical Street _____

City _____ State _____ Zip _____

Mailing address _____

City _____ State _____ Zip _____

Office Phone () _____

Office FAX () _____

President Vice President Sole Member Member Partner

Name _____

Phone () _____ Mobile () _____

E-Mail _____ @ _____

President Vice President Sole Member Member Partner

Name _____

Phone () _____ Mobile () _____

E-Mail _____ @ _____

OFFICE USE ONLY: License Agent Account Number _____ Document Date _____

User ID _____ IAM Unique ID _____