



Department of Consumer & Business Services

Insurance Division — 3

P.O. Box 14480, Salem, OR 97309-0405
Phone: 503-947-7981, Fax: 503-378-4351
350 Winter St. NE, Salem, Oregon
insurance.oregon.gov

Remit with payment to:
Fiscal Services Section
Oregon Department of Consumer
& Business Services
P.O. Box 14610
Salem, OR 97309-0445

**Vehicle Rental Company
Application**

Firm or corporation name: _____

Principal mailing address: _____

City: _____ State: _____ ZIP: _____

Principal street address: _____

City: _____ State: _____ ZIP: _____

Business phone: _____ - _____ - _____ E-mail: _____

Application fee: \$200	Make check or money order payable to Oregon Department of Consumer and Business Services and mail to Fiscal Services Section at the above address.
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- List all assumed business names and other names under which you will engage in business under the license.

Name used: _____

Name used: _____

- If firm is a sole proprietorship, enter the name of owner below. If the firm is a corporation, list all officers and/or directors and the names of persons owning 10 percent or more of the stock. If the firm is a partnership, list all partners. Attach additional sheet, if necessary.

Name/Position	Address
_____	_____
_____	_____
_____	_____

- Statewide filing officer (*required by ORS 744.856*): _____

Principal mailing address: _____

City: _____ State: _____ ZIP: _____

Business phone: _____ - _____ - _____ E-mail: _____

DIVISION USE ONLY	
Date licensed	License number

FISCAL USE ONLY — 44410/1001



4. Applicant must answer yes or no to the questions below. Provide a full explanation of all yes answers on a separate sheet, signed by the applicant, that identifies answers by item letter.

Has any officer, director, partner, the sole proprietor, or any of the owners (if the applicant is other than a corporation or a partnership):

- a. Been convicted of or indicted for a crime, including a felony involving dishonesty or a breach of trust to which 18 U.S.C. Sec. 1033 applies? Yes No
- b. Had a judgment entered for fraud? Yes No
- c. Had a claim of indebtedness filed by an insurer or insurance producer? Yes No
- d. Had any occupational or professional license refused, revoked, or suspended in Oregon or another state? Yes No

5. List all states and provinces of Canada in which the applicant; an officer, director, or partner of the applicant; or a sole proprietor or owner (if the applicant is other than a corporation or a partnership) currently holds a license to engage in the transaction of insurance or has held such a license within 10 years prior to the date of the application.

State/Province	Date of license	
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

6. Has any firm or corporation of which the applicant is an officer, director, or partner; the sole proprietor; or an owner (if the applicant is other than a corporation or a partnership) ever filed for bankruptcy or been adjudged a bankrupt? Yes No

If yes, provide a full explanation on a separate sheet signed by the applicant.

Attachments

The following must be included with your application:

- 1. The business address and telephone number for each additional location at which you will transact insurance.
- 2. The course of study to be used in your employee training program.
- 3. Certification that all employees who will sell or offer coverage to the public have completed or will complete the training program before conducting sales or offers.
- 4. Certification that all employees who will sell or offer coverage to the public will receive continuing education on the topics covered in the training program on a regular basis.
- 5. A copy of the insurance sales material to be made available to vehicle renters.

Important notice about your license.

Effective July 1, 2007, the Insurance Division will no longer issue printed initial, renewal, or replacement licenses. All license information for active licensees will be available on our Web site. To view your license status or to print a copy, please go to <http://www.insurance.oregon.gov/producer/agent.html> and select the appropriate search page.