



STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
LICENSING DIVISION
www.doi.nebraska.gov

APPLICATION FOR REGISTRATION TO TRANSACT BUSINESS
AS AN INDIVIDUAL NAVIGATOR

Name of Applicant: _____

Social Security Number _____ Date of Birth _____

Home Address: _____
Street Address

City _____ State _____ Zip Code _____ Phone _____

Name of Registered Navigator Entity: _____

Business Address: _____
Street Address

City _____ State _____ Zip Code _____ Phone _____

Email Address: _____

Are you a citizen of the United States? ___ Yes ___ No (If no, you must provide proof of work authorization)

Please submit with the application, documentation that the applicant has completed the federal training and continuing education requirements authorizing the applicant to act as a navigator.

Please also include a check in the amount of \$300.00 in payment of the application fee.

I DECLARE IN THE APPLICATION UNDER PENALTY OR REFUSAL, SUSPENSION, OR REVOCATION OF THE REGISTRATION THAT THE STATEMENTS MADE IN THE APPLICATION ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

Article 88 – Health Insurance Exchange Navigator Registration Act: <http://nebraskalegislature.gov/laws/statutes.php?statute=44-8801>

Nebraska Department of Insurance
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