

Instructions: Please complete & email to newkpbroker@kp.org

Firm Identity Information:

Legal Firm Name
 DOI Firm License Number
 Kaiser Permanente Firm I.D. Number
 Business Phone:
 Business Fax:
 Business Email:

Endorsed Agent Information:

Name (as on DOI License or formal name if not licensed):
 First Middle Last
 Phone: ext:
 Fax:
 Email: work personal
 check here if you do not have email

Endorsed Agent Address Information:

DOI License address Street address Suite # City, State/Province Zip Country (if outside US)	Mailing (PO Box ok) <input type="checkbox"/> check if same as DOI License Address Suite # City, State/Province Zip Country (if outside US)
Shipping (physical location)* <input type="checkbox"/> check if same as DOI License Street address Suite # City, State/Province Zip Country (if outside US)	

*Must be able to accept UPS packages

Communication Preference (check one)

<input type="checkbox"/> personal phone	<input type="checkbox"/> work fax	<input type="checkbox"/> personal email
<input type="checkbox"/> work phone	<input type="checkbox"/> work fax	<input type="checkbox"/> work email

The undersigned individual represents that he or she is fully authorized to execute this form and to authorize the transactions described herein on behalf of the identified broker entity

Authorized signatory (please print)

Signature

Date