Government of the Unites States Virgin Islands
Office of the Commissioner – Division of Banking and Insurance
#5049 Kongens Gade, Charlotte Amalie, St. Thomas, V.I. 00802
TEL-340-774-7166 FAX 340-774-5590

October 1, 2012,

RE: Sales Representatives

The Office of the Lieutenant Governor, Division of Banking and Insurance ("Division"),approves all sales representatives authorizing and allowing them to sell and issue ambulance service contracts under Chapter 63 of Title 22 of the VI Code.

Pursuant to Section 1688, Title 22, Virgin Islands Code, applicants shall register on or before December 31st of **each year**, the name and business office address of each sales representative employed by the company, and shall within thirty (30) days after termination of employment, notify the Commissioner of such termination. Any sales representative employed subsequent to the December 31st filing date shall be registered with the Commissioner within thirty (30) days after such employment. An annual fee of $75.00 shall be paid for each sales representative registered with the Commissioner.

Sales representatives must comply with the laws of the U.S. Virgin Islands, and other air ambulance service related laws. Violation of said laws may result in the revocation of their individual license as well as the implementation of fines and/or penalties to both the individual and the company.

Attached please find the application required for the 2013 renewal period to be completed and submitted by MASA/SKYMED for all representatives who will continue to maintain their Medical Air Ambulance Representative license. Each rep must also provide a current tax clearance letter from the Bureau of Internal Revenue indicating that they are up to date with their filings with that division. I have included an application form from that office which would help speed up the process with that Division.

Should you have any questions or concerns, please do not hesitate to contact the Division or myself.

I remain,
Gail Danet-Joseph
Chief of Licensing

OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE

RENEWAL APPLICATION FOR
AMBULANCE SERVICE SALES REPRESENTATIVES

1. **NAME OF APPLICANT:** ❑Mr. ❑Mrs. ❑Ms. ❑Miss ❑Agency

   Last _____ **First** _____ **Middle** _____

   COMPANY NAME_____

2. **DENTIFICATION INFORMATION:** **EIN NUMBER-AGENCY**_____

   S.S.N. _____ **Sex:** ❑**M** ❑**F**

   Date of Birth: _____ **MM/DD/YYYY**

   Place of Birth: _____ **City, State**

   ARE YOU A CITIZEN OF THE UNITED STATES ❑**YES** ❑**NO**

3. **RESIDENCE ADDRESS:** (P.O. Box not acceptable)

   Street _____ **Apt/Suite #** _____

   City _____ **State** _____ **Zip Code** _____

   MAILING ADDRESS

   P.O. Box _____

   City _____ **State** _____ **Zip Code** _____

   Home Phone No. ( )-_____-_____ **Fax Phone No: ( ) -** _____ - _____

   Email: _____ **Website:** _____

   Place of work _____

   Business Phone No: ( ) - _____ - _____ **Fax Phone No: ( ) -** _____ - _____

4. **Are you now or have you ever used any name other than shown in question one (1)?** ☐Yes ☐No
(If yes, please explain fully on a separate sheet)

5. **Check the name of the authorized Air Ambulance Company which you will represent and from which you will receive an Certificate of Registration allowing you to sell and issue air ambulance service contracts under Chapter 63 Title 22 of the Virgin Islands Code..**

☐MASA **☐SKYMED**

6. **List your occupation (employment) for the past five years to current date:**

From (MM/YYYY)	To (MM/YYYY)	Employer Name Address	Duties Performed

7. **Have you ever had any professional, vocational or business license denied, suspended, revoked or restricted or a fine imposed by any public authority, or withdrawn any application for or surrendered any such license to avoid disciplinary action?** ☐Yes ☐No
(If yes, please explain fully on a separate sheet)

8. **Have you ever been arrested, charged or convicted of a crime?** ☐Yes ☐No
(If yes, attach a detailed statement, signed by you, of the events which led to the charges including the dates and places. If the matter was heard in court, attach copies Certified by the Court, of the Criminal Complaint and the Sentencing Order showing the final judgment.)

Renewal Application Fee: $75.00 (Checks payable to Government of the Virgin Islands)

APPLICANT'S CERTIFICATION:

I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is true and correct. I understand that any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, I authorize disclosure to the insurance commissioner of all financial institutions' records of any fiduciary accounts for the duration of this license.

Date _____ _____
Signature

_____
Print Name

FOR OFFICE USE ONLY

Receipt Number: _____ Date: _____ Amount: $_____

5049 Kongens Gade, St. Thomas, VI 00802-6487 • Tel: (340) 774-7166 • Fax (340) 774-9458
1131 King Street, Suite 101, Christiansted, VI 00820 • Telephone: (340) 773-6459 • Fax: (340)-719-3801

FOR BANKING AND INSURANCE LICENSURE

Attn: Ms. Espirit or Ms. Luke

FORM LIC1

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE

APPLICATION FOR TAX FILING AND PAYMENT STATUS REPORT-LICENSING

The applicant identified below hereby requests a letter certifying his or her tax filing and payment status for the purpose of receiving a new or renewal license from the Department of Licensing and Consumer Affairs pursuant to Section 101 of Act 5060, codified as Title 27, Section 304, Subchapter (j), Virgin Islands Code. The applicant authorizes the Virgin Islands Bureau of Internal Revenue to disclose any taxpayer information related to this application to the Department of Licensing and Consumer Affairs, who may make such further disclosures as are necessary to carry out the requirements of Act 5060.

1. APPLICANT NAME: _____
2. BUSINESS NAME: _____
3. BUSINESS EIN: _____
4. APPLICANT SSN: _____ SPOUSE SSN: _____
5. PLEASE INDICATE: ☐ NEW LICENSE ☐ RENEWAL
6. ☐ SELF-EMPLOYED ☐ C CORPORATION ☐ PARTNERSHIP ☐ S CORPORATION ☐ OTHER
7. TYPE OF BUSINESS: _____ DO YOU HAVE EMPLOYEES? _____
8. PLEASE INDICATE FORMS THAT YOU USE BELOW:
   ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
   1040,1065,1120,1120S,941VI,501VI,720VI,720B-VI,722,OTHER(list) _____
9. DATE BUSINESS STARTED: _____ LICENSE EXPIRATION DATE: _____
10. PERSON REPRESENTING APPLICANT: _____
11. POSITION OF REPRESENTATIVE: _____
12. SIGNATURE: _____
13. MAILING ADDRESS: _____
14. PHYSICAL ADDRESS: _____

DATE: _____ TELEPHONE NO: _____

REPLY TO: 9601 ESTATE THOMAS, ST. THOMAS, VIRGIN ISLANDS 00802
OR 4008 ESTATE DIAMOND, LOT 7B, ST. CROIX, VIRGIN ISLANDS 00820

[See back of Form for instructions]

Revised 3/2004

INSTRUCTIONS FOR FORMS LIC 1 AND LIC 1A

Please print (except for the signature). Do not write with a pencil. Prepare this form in duplicate. Have one of the copies stamped for your record. Save this copy for future reference. DO NOT SUBMIT A COPY OF THIS APPLICATION TO LICENSING AND CONSUMER AFFAIRS. This form must be completed in its entirety before a letter certifying tax filing and payment status can be issued.

You are required to complete and submit a notarized affidavit (Form LIC 1A) if you have not resided in the Virgin Islands and have not filed your Federal Income Tax Returns for the three years prior to this application with the Bureau, if you have been unemployed for the past three years or if you were attending school. CORPORATIONS AND PARTNERSHIPS – List name, social security number and mailing address for corporate officers or partners. S CORPORATIONS – Also list name, social security number, and mailing address for all shareholders. ALL INCOMEPLETE APPLICATIONS WILL BE REJECTED.

Specific Instructions

1. **Applicant Name: The applicant can be an individual (self-employed person); a partnership, a corporation, etc.**

2. **Business Name: The name under which the business is conducted; it may be the same as or different to the applicant's name (i.e. John Smith (applicant) d/b/a Smith's Construction (business name)) (d/b/a – doing business as).**

3. **Business EIN: Employer Identification Number, a 9-digit number issued by the Internal Revenue Service in Philadelphia to partnerships, corporations and self-employed individuals who pay wages to one or more employees.**

4. **Applicant SSN: Social Security Number, a 9-digit number issued to an individual by the Social Security Administration. Spouse SSN: also a 9-digit number.**

5. **Type of License: Check one (1) to indicate whether this application is for a new license or a renewal license.**

6. **Form of Business: Check one (1) to indicate whether the business is organized as a Sole Proprietorship (self-employed), a Corporation ("C" Corporation), a Partnership, or a Subchapter S Corporation ("S" Corporation).**

7. **Type of Business: Indicate what activity or profession is the source of your sales (i.e. clothing store, taxi).**

8. **Circle Forms that you use: 1120(C Corporation), 1065(Partnership), 1120S(S Corporation), 1040(Individual), 941VI & 501VI (Withholding Tax), 720VO & 720b-VI (Gross Receipts Tax), 722VI (Hotel Room Tax).**

9. **License Expiration Date: Date shown on your business license.**

10. & 11. **Person Representing the Applicant: If other than the applicant, a partner or a corporate officer, this individual must attach a valid power of attorney (Form 2848) to receive the tax clearance letter.**

12. **All applications must be signed.**

13. **Mailing address is essential for proper delivery of tax clearance letter.**

14. **Physical Address is also required by licensing. Telephone No.: A daytime number is essential.**