Government of the United 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

ORIGINAL APPLICATION FOR AMBULANCE SERVICE SALES REPRESENTATIVES

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

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

   COMPANY NAME_____

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

   S.S.N. _____ **Sex: ❐M ❐F**

   Date of Birth: _____ **Place of Birth:** _____
   MM/DD/YYYY **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vocational or business license denied, suspended, revoked or restricted or a fine imposed by any public authority, or withdrawn any application for or surrendered any such license to avoid disciplinary action?** ❒Yes ❒No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.)

9. **Tax Clearance Letter submitted Dated:**_____

Original 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: $_____