



**Agent Licensing Checklist: Producer**

- Producer Appointment Form
- W-9
- Copy of Agent and/or Agency License

**Please return to: [Info@AspireBenefits.com](mailto:Info@AspireBenefits.com) or to your Aspire Benefits Sales Executive**



**Appointment Form**

***All fields are required unless otherwise noted.***

Agency Legal Name: \_\_\_\_\_

VSP Agency ID: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Agency Business Address: \_\_\_\_\_

Commission Address (if different from above): \_\_\_\_\_

State & License #: \_\_\_\_\_

(Provide all state license information where you will be doing business)

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Producer (Licensed Agent): \_\_\_\_\_

Agent's Resident Address: \_\_\_\_\_

SSN: \_\_\_\_\_ BirthDate: \_\_\_\_\_

National Producer Identification # (NPN) : \_\_\_\_\_

State & License #: \_\_\_\_\_

**(Please provide copies of each state license information where you will be doing business)**