



STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
LICENSING DIVISION  
[www.doi.nebraska.gov](http://www.doi.nebraska.gov)

APPLICATION FOR REGISTRATION TO TRANSACT BUSINESS  
AS AN ENTITY NAVIGATOR

Name of Applicant: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Principle Business Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Submitter's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please submit with the registration a list of all individual navigators that this entity employs, supervises, or is affiliated with.

Please also include a check in the amount of \$50.00 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>