

CARRIER: TRAVELERS  
PACKET CURRENT AS OF: 01-24-05

**CARRIERS REQUIRE ALL  
PAGES OF THE  
LICENSING PACKET BE  
SUBMITTED IN ORDER TO  
COMPLETE YOUR  
CONTRACTING – THEY NEED  
THE ENTIRE  
CONTRACT/AGREEMENT AND  
ALL RELATED DOCUMENTS.**

**EVERY PAGE NEEDS TO BE  
REVIEWED, COMPLETED, OR  
SIGNED – THANK YOU FOR  
MAKING SURE TO RETURN  
EVERY PAGE OF THE PACKET  
WE SEND TO YOU, BACK TO  
US AT CPS.**

# First Time Appointment Process Help Sheet for Travelers Insurance Co. (TIC) and/or Travelers Life & Annuity Co. (TLAC)

We have created the following list as a guide to make the first time Travelers appointment process as easy as possible. Please use this questionnaire when submitting appointment paperwork. If the appointment paperwork is missing information or documents, we will return the appointment paperwork to you within 24 hours so you can complete the file and re-submit it.

1. Is the Producer currently appointed with TIC/TLAC through another General Agency? [ ] Yes [ ] No  
If you are not sure whether the producer has a current appointment, please call Distributor Support Services (DDS) at 1- 800-453-7188.
  
2. If the Producer is already appointed with TIC/TLAC, has the Producer submitted any business within the last six months through the original General Agency? [ ] Yes [ ] No  
If **yes**, obtain a *Letter of Release* and attach to the appointment paperwork. A sample of this form may be obtained from The Traveler's Producer Web Site - Licensing Section.
  
3. Have you completed the *General Agent's Summary Transmittal* (L-12633-GA)? [ ] Yes [ ] No  
If **no**, please complete and submit this cover sheet with the appointment paperwork. Please indicate clearly in Section IV whether the appointment requested is for TIC and/or TLAC. These may be obtained from The Traveler's Producer Web Site - Licensing Section.  
If the Producer is concurrently applying for a variable appointment and being appointed by a Broker/Dealer, please complete the *Broker/Dealer Summary Transmittal Form* (L-12633-BD) and attach a current copy of the *Producer's NASD U-4 Status Report*. Submit this with the appointment paperwork.
  
4. Have you provided the Producer with a copy of the "Important Notice Regarding Consumer Credit Reports"? [ ] Yes [ ] No  
If **no**, please do so before the Producer completes the *Agency/Producer Appointment Information Form*. This form is included with the application for agent appointment and may be obtained from the Traveler's Producer Web Site - Licensing Section.
  
5. Has the Producer completed the *Agency/Producer Appointment Information Form* (L-12633-GA)? [ ] Yes [ ] No  
If **yes**, please submit with the appointment paperwork.  
If **no**, please have the Producer complete the form and submit with the appointment paperwork. This form may be obtained from The Traveler's Producer Web Site - Licensing Section.
  
6. Did the Producer answer **yes** to any questions in Section III - *Background Information on the Agency/Producer Appointment Information Form*? [ ] Yes [ ] No  
If **yes**, you must submit supporting documentation for review plus a letter from the GA/BD indicating why this Producer is being presented for appointment. Please be advised that answering "yes" to any question in this section under nearly all circumstances is reason for declination of an appointment.
  
7. Is the producer licensed in the state for which the appointment is being requested? [ ] Yes [ ] No  
If **yes**, you must submit a copy with the appointment paperwork.  
If **no**, please call Distributor Support Services (DSS) at 1- 800-453-7188 to obtain the appropriate paperwork.
  
8. Is the Producer being appointed in a non-resident state? [ ] Yes [ ] No  
If **yes**, have you submitted the correct non-resident TIC/TLAC appointment fees?  
If you are not sure of the fees, please check the website at [producer.travelersla.com](http://producer.travelersla.com).

9. Is the Producer an officer, partner or principal through his own agency? ☐ Yes ☐ No  
If **yes**, you must attach a copy of the Agency's license.
10. Is your General Agency/Broker Dealer appointed with TIC/TLAC in the state for which the appointment is being requested? ☐ Yes ☐ No  
If **no**, you must submit a copy of your General Agency /Principal's license in order to appoint your agency.
11. Is the Agency/Producer being contracted? ☐ Yes ☐ No  
If **yes**, please submit signed copy of Contract(s)/Compensation Schedule(s).

1. If you are requesting a non-resident appointment in Massachusetts or West Virginia, you must attach the required *Letter of Certification*.
2. If you are requesting appointments in Georgia, Massachusetts, (resident or non-resident) or West Virginia (non-resident only) please obtain and complete the state appointment forms with original signatures. Forms may be obtained through the state or Distributor Support Services (DSS )at 1-800-453-7188.

CRS PRODUCER IS TO BE PAID COMP  
USING HEARST, OPTION B.

---

# General Agent's Summary Transmittal

**Instructions:** Confidential Data Sheet, Appointment Application Form must accompany this form.

## 1. General Agent

Name

CPS Ins. Svc

Producer Code

07X105

Tax ID

Licensing Contact

Telephone number (include area code)

949-863-0700

Fax number (include area code)

949-863 9318

## 2. Applicant (complete A or B below)

A. Agency

Tax ID

Officer Being Appointed

Social Security Number

B. Producer

Social Security Number

## 3. Please indicate applicant's relationship to you as the general agent:

Used Heaped  
Option: B

☐ Producer - Please attach signed and dated life contracts

☐ Sub producer - no contract

Name of Contracted Agency/Agent

## 4. Please appoint in the following states.

State	Resident/Non-Resident (R or N/R)

### TLA LICENSING TIPS:

1. The GA summary transmittal is required on all life appointment requests.
2. Contracted producers must sign, date and submit life producer contracts with appointment requests.
3. All Confidential Data Sheet Appointment Application Forms must be completely filled out, signed and dated by all applicable parties to be considered in good order.
4. TLA pays for all resident and non-resident appointment fees. TLA is *not* responsible for license or license renewal fees or any other administrative fee imposed by state insurance departments.
5. Appointments are effective the date TLA receives the good order paperwork. Backdating appointment effective dates is prohibited.

## Confidential Appointment Application

Please check one: ☐ Individual Appointment **OR** ☐ Principal Appointment - Complete Agency info below

Licensee Name (exactly as it appears on license): \_\_\_\_\_

Office Telephone (with area code): \_\_\_\_\_

Male ☐ Female ☐

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

State(s) to be appointed for (attach copies of all licenses): \_\_\_\_\_

Resident State: \_\_\_\_\_

Official Address (Street and/or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has this address been your residence for the past 7 years? ☐ Yes ☐ No.  
(If NO you must attach residency information for the past 7 years including dates which you were at each residence)

### Broker Dealer/Firm/Agency Information

(Please check one) ☐ Broker Dealer/Firm ☐ Agency

Broker Dealer/Firm/Agency Name: \_\_\_\_\_

Address (Street and/or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

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

If you answer "yes" to any of the questions below, a letter of explanation from the agent **must be attached** with this form. A letter of recommendation must be sent from a Broker Dealer/Agency.

1. Have you ever had any license denied, revoked, suspended, canceled, non-renewed or have you ever been fined or otherwise reprimanded by a federal or state regulatory authority in the conduct of your insurance security activities?  
☐ Yes ☐ No
2. Have you ever been convicted or plead no contest or are currently under indictment for any criminal activity involving dishonesty, breach of trust, deceit, falsification, theft or fraud?  
☐ Yes ☐ No
3. Have you ever filed for bankruptcy, court protection or reorganization? Have you resolved or do you have any unresolved civil claim judgments, federal or state tax liens within the last three years?  
☐ Yes ☐ No
4. Have you had delinquent creditor accounts with a total debit outstanding over \$10,000 at any time within the last three years?  
☐ Yes ☐ No
5. Have you, or any corporation, partnership or business in which you are or were a principal ever been named as a party in a lawsuit? Are you now the subject of any complaint, investigation or proceeding?  
☐ Yes ☐ No

**Important Notice Regarding Consumer Credit Reports**

For us to properly evaluate you as an applicant for producer appointment with The Travelers Insurance Company and/or The Travelers Life and Annuity Company, we will request a consumer credit report on you from a national consumer-reporting agency. We need your written permission to request this report. Please carefully read the "Notice to Proposed Producer of Investigation under the Fair Credit Act" included on the next page and sign and date it.

**Notice to Proposed Producer of Investigation Under the Fair Credit Act**

I understand that The Travelers Insurance Company and/or The Travelers Life and Annuity Company ("Companies") may request an investigative report about me as part of their normal producer selection process. As such, I authorize all workers compensation boards, industrial accident boards, corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, former employers, and military services to release all written and verbal information about me to any reporting agency selected by The Companies, I release them from all liability and responsibility for doing so. I also authorize the procurement of a consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, will be valid for this and any future reports or updates that may be required.

Statements made herein are representations on which The Companies may rely on considering my request for appointment as a representative of The Companies. This information is complete and accurate to the best of my knowledge and recollection. I authorize The Companies to release any information to any Citigroup affiliate or to the Broker/Dealer/Firm/Agency recommending my appointment. I understand and agree that any misrepresentation of fact, whenever discovered, will be basis for termination for cause of any such appointment. I acknowledge I have received and read a separate document entitled Important Notice Regarding Consumer Credit Reports.

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

**Proposed Producer Agreement**

1. I will be a producer initially assigned to and under the review of a Broker/Dealer/Firm/Agency.
2. The Travelers Insurance Company and/or The Travelers Life and Annuity Company has the right at all times, and without liability, to reject any application for insurance without specifying the reason, to refund any premium on any policies or application secured, and to demand repayment of any commission or other benefits received.
3. I will comply with the rules and regulations of The Travelers Insurance Company and/or The Travelers Life and Annuity Company, the laws of the state(s) in which I am licensed and/or appointed, and the regulations of the department (s) of insurance relating to my activities in the solicitation of insurance. If I violate or break any of these rules or regulations, I agree to abide by any court, regulatory or administrative ruling.
4. I will not change or waive any terms, rates, or conditions of any policy, contract advertisement or receipt.
5. I will promptly remit to my Broker Dealer/Firm/Agency or Companies, all monies I receive on behalf of the Companies as full or partial payment for first-year or renewal premiums or for any other item.
6. I will not enter into any contract or incur any expense on behalf of the Companies, nor, will I represent myself as having the authority to do so.
7. At the request of my Broker Dealer/Firm/Agency or on its own initiative, the Companies may, without liability to me, cancel my appointment(s) at any time.
8. I will submit all variable business through my Broker Dealer/Firm and receive compensation according to the agreement between us.

\_\_\_\_\_  
Proposed Producer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Proposed Producer

\_\_\_\_\_  
Printed Name of Broker Dealer/Firm/Agency

CPS 07X015

Please contact your Broker Dealer/Firm/Agency for details on submission of completed forms to the TL& A Licensing department.

# LIFE PRODUCER CONTRACT

BETWEEN

THE TRAVELERS LIFE AND ANNUITY COMPANY and THE TRAVELERS INSURANCE COMPANY, (collectively "Travelers") of, Hartford, Connecticut (we, us, our) hereby appoints

---

\_\_\_\_\_ (hereinafter referred to as "you") subject to the terms of this agreement to act as its agent for the purpose of soliciting applications for the Travelers products listed on the attached product schedule(s) attached hereto as amended from time to time ("Product Schedules").

---

For the considerations hereinafter expressed, it is mutually agreed that your authority to act as our agent is granted by us and accepted by you upon the following limitations, terms, provisions and conditions:

1. This contract shall become effective as of the date on which notification is sent to you that the appointment process is complete, covering those non-variable life insurance and annuity policies issued by us and shown on the attached schedules.
2. You are authorized to solicit applications covering such classes of risks as we may from time to time authorize to be solicited. You are authorized, subject to our instructions, to collect first or single premiums with an application and any other premiums we may ask you to collect. You shall submit completed applications and remit premiums promptly as instructed by our procedures.
3. In our sole discretion, we will select and price each policy form that you may sell and we may reject any application.
4. You have no authority for or on behalf of us: to accept risks of any kind, to make, alter, vary or discharge any policy; to extend the time for payment of premiums; to waive or extend any policy obligation or condition; to take payment of premiums other than in current funds; to incur any liability or expense in our behalf; to deliver any policy unless the applicant therefor is at the time of delivery in good health and insurable condition; or to receive any money due or to become due to us except as set forth in paragraph 2.
5. You acknowledge and warrant that you and your solicitors are licensed and/or appointed as an agent under applicable state insurance laws to solicit, negotiate and effect the contracts contemplated hereunder. In the event that you or your solicitors are not, business will not be solicited, negotiated or effected by said parties until such requirements are met. You acknowledge that compensation will only be paid to appropriately licensed and/or appointed parties.

6. We will pay you as full compensation on premiums paid to us on policies issued on applications obtained by or through you while this contract is in effect, the commissions and service fees described in Parts 1, 2 and 3. The commissions quoted in Parts 1 and 2 are vested subject to Schedules A and B attached to this contract on the policy effective date. Your right to compensation shall be subject to the limitations of this contract, its written amendments and the Schedules issued by us from time to time for attachment to it. If there is more than one contract between you and us that quotes commissions on the same policy form we will pay commission under only one such contract. We, as a condition precedent to any obligation for payment hereunder, have a right to reduce or set-off any compensation payable under this contract because of any indebtedness to us.

If you report business through one of our general agents we will pay to that general agent all compensation payable on that business unless the general agent gives us a written instruction to pay you directly. Any payment to the general agent is in lieu of payment under this contract.

#### PART 1

#### **COMMISSIONS ON LIFE PREMIUMS PAYABLE FOR THE FIRST YEAR OF INSURANCE:**

See Schedule A

#### PART 2

#### **COMMISSIONS ON RENEWAL LIFE PREMIUMS:**

See Schedule B

#### PART 3

#### **SERVICE FEES ON RENEWAL PREMIUMS:**

If, in a calendar year, you pay to us in time to be included in our records for that calendar year business totaling atleast \$5,000 in first year life premium, exclusive of single premium forms, then in addition to the commissions indicated on any policy written under this contract that was made effective in such calendar year a service fee of 2% of the premium shall be payable following expiration of commission interest for subsequent years of insurance during the continuance of this contract.

7. At any time, we may change the compensation allowed as to policies effective on and after the effective date of such change.

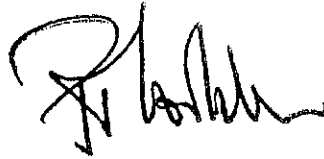


8. We will pay commissions and service fees on premiums paid for additional benefits or increases in benefits of any kind at the same rate as is being allowed at the time of addition or increase for the premiums of the policies to which they are added. We will not pay compensation: on premiums for a policy which is a conversion from an Employee Special Protection Plan, Employee Life Insurance Plan 1 or group life insurance; on extra premiums for a policy which are charged due to temporary flat substandard rating because of physical impairments; or on premiums for a policy which are waived under any provision of such policy. On policies issued with Table 7 or above rates (Table 5 for VIP Classic) , or its equivalent in extra rates, we will pay a modified commission for the first year of insurance in accordance with our rules.
9. If you convert one of our term policies to a different form we will pay compensation in accordance with our rules applying to such policies at the time of conversion.
10. Where, in our judgment, a policy replaces a policy previously issued by us on the same policyholder (other than as a term conversion), the commission payable for the first year of insurance on the new policy will be adjusted in accordance with our procedures in effect at the time of such replacement.
11. Compensation on all universal life policies which would otherwise be payable, will not be paid on remittances received for policies following a partial withdrawal until the sum of such remittances equals the amount of the withdrawal, at which time we will pay compensation, if any, on subsequent remittances.
12. While recognizing the opportunity for flexibility in policyholder service options inherent to universal life forms of insurance, evidence of manipulation by you of any life policies, contributions, loans, surrenders or replacements, not deemed by us to be in the best interest of the policyholder or us, shall cause divestiture of your right to continuing compensation and termination of the contract.
13. If we return the premiums on a policy or any portion of such premiums for any cause, you will refund to us on demand, the amount of compensation you received on such returned premiums.
14. You shall be responsible for all risks placed on our books through your agency by any sub-agents or brokers together with all premiums or monies collected by them in connection with such risks to the same extent as if they had been produced directly by you.
15. No assignment of commissions or allowances payable under this contract shall be binding upon us without our written consent.

16. You shall not pay or allow, or offer to pay or allow, as an inducement to any person to insure, any rebate of premium or any inducement whatever not specified in the policy, nor will you make any misrepresentation or incomplete comparison for the purpose of inducing a policyholder in any other company to lapse, forfeit, or surrender insurance therein, nor will you cause any advertisement respecting us to be published or broadcast in any form whatever without first obtaining our written consent.
17. Nothing in this contract will be construed to imply that an employment relationship exists between you and us. Acceptance of compensation under this contract will constitute ratification by you of your status as an independent contractor. You will not be treated as an employee for federal tax purposes and you are responsible for paying your own estimated income and self-employment tax.
18. This contract cancels all previous contracts or agreements whether oral or written between you and us covering the lines of insurance referred to in this contract and may be terminated by either party at any time upon written notice to the other.

IN WITNESS WHEREOF, the parties hereto have signed this contract in duplicate.

**THE TRAVELERS LIFE AND ANNUITY COMPANY**  
**THE TRAVELERS INSURANCE COMPANY**



\_\_\_\_\_  
Sponsoring General Agent

CPS Insurance Services

\_\_\_\_\_  
Name of General Agency

\_\_\_\_\_  
Agent (Firm Name)

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



Senior Vice President  
Travelers Distribution Services

THE TRAVELERS LIFE AND ANNUITY COMPANY  
LIFE PRODUCER CONTRACT (LP)  
SCHEDULE A

Commission on Premiums Payable for the First Year of Insurance:

Form of Policy	Commissions as a Percent of Premium
UNIVERSAL LIFE – NEW PREMIUM	
*Travelers Universal Life MVP	50
*Travelers Survivorship Life (TSLIII)	50

\*Annual Renewable Term Riders/Insured Term Insurance Riders will pay new commissions equal to 40% of the first year premium for the rider.

UNIVERSAL LIFE-INCREASES IN STATED AMOUNT

Commissions on increases in stated amount are based on the additional premium amount for the increase in coverage at the original issue age of the insured.

The Company will pay the new commissions on increases in stated amount when new money is paid into the policy. If the Company determines that the increase is prefunded, new commissions will be paid even if no further premium is paid.

Commissions on Excess Premiums Payable for the First Year of Insurance:

Form of Policy	Commissions as a Percent of Premium
UNIVERSAL LIFE – EXCESS PREMIUMS	
TSLIII	2
Travelers Universal Life / MVP	2.5
All Other Forms	2.5

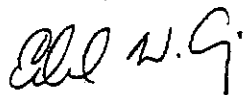
Form of Policy	Commissions as a Percent of Premium
PERMANENT INSURANCE	
Pension Whole Life (PLife)	50
TERM INSURANCE	
Special T Term (APT)	50

Term Insurance policy fees are not commissionable

On all other forms as quoted by the Company

This schedule of first-year commissions applies to policies effective on or after September 16, 2002 and should be filed with the Life Producer Contract, of which it forms a part. This schedule may be amended by the Company at any time.

THE TRAVELERS LIFE AND ANNUITY COMPANY



Senior Vice President

L-LPT-A Rev. September 2002

*Healed Option B.*

THE TRAVELERS LIFE AND ANNUITY COMPANY  
LIFE PRODUCER CONTRACT (LP)  
SCHEDULE B

Commissions on Premiums Payable After the First Year of Insurance:

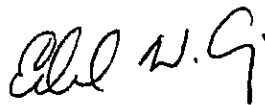
Form of Policy	Insurance Year	Commissions as a Percent of Premium
Universal Life		
MVP	2-10	2.5
	11-15	2
TSLIII	2-10	2
	11-15	2
Permanent Insurance		
Pension Whole Life	2-10	2
	11-15	2(servicing fee)*
	16+	2 (servicing fee)*
Special T (APT)	2-10	-
	11-15	-

All other forms as quoted by the Company

\*Not subject to the Part 3 \$5000 production  
threshold in year of issue.

This schedule applies to policies effective on or after September 16, 2002 and should be filed with the Life Producer Contract, of which it forms a part. This schedule may be amended by the Company at any time.

THE TRAVELERS LIFE AND ANNUITY COMPANY



Senior Vice President

L-LPT-B Rev. September 2002

Harfed Option B

# CPS PRODUCER PROFILE

Please complete this form, and return it to us.  
We must have a completed and signed version of this form on file.

Producer Name \_\_\_\_\_

Company/Corporation Name \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail to (check one): ☐ Home ☐ Business

Preferred method of receiving correspondence (check one):

☐ email ☐ fax ☐ mail

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Insurance License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Designations: CLU CPCU ChFC RHU CFP LUTC CIC (circle applicable)

Do you carry E&O insurance? ☐ No ☐ Yes, name of carrier \_\_\_\_\_

Do you assign commissions? ☐ No ☐ Yes, to whom \_\_\_\_\_

Are you securities licensed? ☐ No ☐ Yes (circle applicable) 6 7 22 24 26 63

If NASD registered, what is the name of your broker dealer? \_\_\_\_\_

Page 1

\*\*\*\*\* Important, please read and sign other side \*\*\*\*\*

CPS INSURANCE SERVICES / CA LIC.# 0571612  
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606  
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255  
LICENSING DEPARTMENT FAX 949-225-7157

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortious act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date

We appreciate your business.

Page 2

CPS INSURANCE SERVICES / CA LIC.# 0571612  
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606  
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255  
LICENSING DEPARTMENT FAX 949-225-7157