

## Individual Producer

First Name	Middle Name	Last Name		
Street Address		City	ST	ZIP
Social Security Number	National Producer Number	Date of Birth (mm/dd/yyyy)		
Email Address				

## License Information

State	License Number	License Status	License Issue Date	License Expiration Date
Colorado				
Oregon				
Washington				

## AHIP Information

Plan Year	Completion Date	Results	
2022		Passed	Failed
2023		Passed	Failed

Signature of Acknowledgment

Date of Submission