



ARKANSAS INSURANCE DEPARTMENT  
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INDIVIDUAL PRODUCER DBA (DOING BUSINESS AS) FORM

This form MUST be completed entirely, with a signature and date.

The completed form may be scanned/emailed to [Insurance.License@arkansas.gov](mailto:Insurance.License@arkansas.gov)

or faxed to 501-683-2604.

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Nickname: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_