

Please fill out the following profile fields with your business/professional contact information. This information is required for CMS to maintain an accurate agent/broker registration completion list. In addition, after you complete all CMS agent/broker registration requirements, your professional contact information will be displayed on HealthCare.gov's "Find Local Help" feature. Find Local Help is a tool accessible on HealthCare.gov to enable consumers, small businesses, and small business employees to identify a local registered agent or broker to assist them with the Federally-facilitated Marketplace, including the SHOP Marketplace.

Please select your preference regarding the display of your contact information on Find Local Help. \*

Business Street Address \*

Business City \*

Business State \*

Business Zip Code (5 or 9 digits) \*

Business Phone: (e.g) xxxxxxxxxx \*

Business Email \*

Business URL

National Producer Number (NPN) (1-10 numeric characters not starting with zero) \*

Confirm NPN \*

Please select the language in which you would like training content displayed. \*

States of licensure: (Please select at least one state in which you are licensed or otherwise authorized to operate as an insurance producer.) \*

If you are the authorized individual of record completing CMS agent/broker registration on behalf of a business entity, other than a Web-based entity, then please [click here](#) to provide additional information. Please note there should only be one individual acting as the authorized representative of any business entity for this purpose (being affiliated with a business entity for a purpose other than completing agent/broker registration for that entity is not reason to click the link above).

If you are the authorized individual of record completing CMS agent/broker registration on behalf of a Web-based entity (e.g., a Web-broker), then please [click here](#) to provide additional information. Please note there should only be one individual acting as the authorized representative of any Web-based entity for this purpose (being affiliated with a Web-based entity for a purpose other than completing agent/broker registration for that entity is not reason to click the link above).

If you are the authorized individual of record completing CMS agent/broker registration on behalf of a business entity, other than a Web-based entity, then please [click here](#) to provide additional information. Please note there should only be one individual acting as the authorized representative of any business entity for this purpose (being affiliated with a business entity for a purpose other than completing agent/broker registration for that entity is not reason to click the link above).

Business Entity Name *	<input type="text"/>
Business Entity Street Address *	<input type="text"/>
Business Entity City *	<input type="text"/>
Business Entity State *	<input type="text" value="-Select One-"/>
Business Entity Zip Code *	<input type="text"/>
Business Entity Phone *	<input type="text"/>
Business Entity Email *	<input type="text"/>
Business Entity URL	<input type="text"/>
Business Entity National Producer Number (NPN) (1-10 numeric characters not starting with zero) *	<input type="text"/>
Confirm NPN *	<input type="text"/>
Business entity states of licensure: (Please select at least one state in which this business entity is licensed or otherwise authorized to operate as an insurance producer.) *	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>

If you are the authorized individual of record completing CMS agent/broker registration on behalf of a Web-based entity (e.g., a Web-broker), then please [click here](#) to provide additional information. Please note there should only be one individual acting as the authorized representative of any Web-based entity for this purpose (being affiliated with a Web-based entity for a purpose other than completing agent/broker registration for that entity is not reason to click the link above).

Web-based Entity Name *	<input type="text"/>
Web-based Entity Street Address	<input type="text"/>
Web-based Entity City	<input type="text"/>
Web-based Entity State	<input type="text" value="-Select One-"/>
Web-based Entity Zip Code	<input type="text"/>
Web-based Entity Phone	<input type="text"/>
Web-based Entity Email	<input type="text"/>
Web-based Entity URL *	<input type="text"/>
Web-based Entity National Producer Number (NPN) (1-10 numeric characters not starting with zero) *	<input type="text"/>
Confirm NPN *	<input type="text"/>
Web-based entity states of licensure: (Please select at least one state in which this Web-based entity is licensed or otherwise authorized to operate as an insurance producer.) *	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>
	<input type="text" value="-Select One-"/>

To save your profile information, please click "Save" below.