

## SECTION 1 APPLICANT DECLARATION

Please confirm you have fully read and agree to the below certification:

- The information contained in this application, including attachments, is true and complete.
- I understand that it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia (“Insurance Council”). I understand that making a material misstatement to the Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
- I understand that the email address provided on this application form will be used for Insurance Council correspondence and publications.

### ***Freedom of Information and Protection of Privacy Act***

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the *Financial Institutions Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at [info@insurancecouncilofbc.com](mailto:info@insurancecouncilofbc.com) or by telephone at (604) 688-0321.

## SECTION 2 YOUR CURRENT LICENCE INFORMATION

Full name as printed on your licence:

Licence number from last held certificate:

Email:

## SECTION 3 UPDATE LICENCE INFORMATION

You must attach all Educational Records or your request will be returned.

Update my licence to level:

## SECTION 4 IF APPLYING FOR LEVEL 3 LICENCE

Name of employer:

Employer file number:

I understand that when acting as a Level 3 Agent or Level 3 Adjuster, I am responsible and accountable to the Insurance Council for the areas I supervise or manage.

I will be responsible for the insurance activities at the following office (Branch Manager):

Address:

City:	Province:	Postal Code:
<input type="checkbox"/> I will be responsible for a specific area of the operations as outlined below: _____ _____ _____ _____		
<input type="checkbox"/> I am an Officer, Director, or Partner of the licensed corporate agent or firm.		

## SECTION 5 SIGNATURES

I, the undersigned, affirm that all the information being submitted is accurate and complete.

Signature of Licensee

\_\_\_\_\_

Date Signed (mm/dd/yyyy)

\_\_\_\_\_

Signature of Nominee/Officer/Director/Partner

\_\_\_\_\_

Print Name and Title

\_\_\_\_\_

Date Signed (mm/dd/yyyy)

\_\_\_\_\_

Completed forms should be emailed to: [licensing@insurancecouncilofbc.com](mailto:licensing@insurancecouncilofbc.com).

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

For details on the licensing process, refer to the Insurance Council of British Columbia's website at [insurancecouncilofbc.com](http://insurancecouncilofbc.com).