Insurance Council
BRITISH COLUMBIA

TEMPORARY ADJUSTER LICENCE APPLICATION FORM

A provincial state of Emergency was declared on August 8, 2026, due to wildfire damage in British Columbia. Council Rule 2(9) allows for the issuance of temporary adjuster licences. The Temporary Adjuster Licence is valid for 3 months from the date the licence application is approved, and the adjuster will only be authorized to adjust claims related to the recent wildfire event.

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 by submitting this application, I will not act as an insurance adjuster until the application is approved.
☐ I understand that the information I have provided will be used to investigate my suitability for licensing.
☐ 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.

SECTION 2 APPLICANT INFORMATION

Legal First Name:
Legal Middle Name(s):
Legal Last Name:
Maiden Name or Any Other Previous Last Name(s):
Any Other Name(s) Used or Known By:
Email:
Date of Birth (mm/dd/yyyy):

SECTION 3 SERVICE (MAILING) ADDRESS

Complete this section only if you prefer to have Insurance Council correspondence sent to an address other than the one provided above.		
Address:		
City/Country:	Province/State:	Postal Code:

SECTION 4 AUTHORIZATION TO REPRESENT

Adjusting firm you will represent.
Full Legal Name:
Trade Name(s) (if applicable):
Address (including Postal Code/Zip Code):

SECTION 5 OTHER JURISDICTIONAL LICENSING

Please confirm that you are currently licensed and in good standing in your home jurisdiction (i.e., your licence is active and not subject to any disciplinary action or pending investigations). If you reside outside of Canada, please provide a link to your licensing authority so we can verify your status. We may contact the licensing authority to confirm this information. If you answer "No," please provide an explanation along with any supporting details or documents.	YES ☐	NO ☐

SECTION 6 APPLICANT SIGNATURE

I, the undersigned, acknowledge that all the information contained in this application is true and complete and that I understand the terms outlined in Section 1 of this application and the Council Rules.

Signature of Applicant _____

Print Name _____

Date Signed (mm/dd/yyyy) _____

SECTION 7 APPROVAL BY INTENDED ADJUSTING FIRM

Note: This section must be completed and signed by a nominee.

We have reviewed this application, including all attachments, and confirm support and assume responsibility of the actions of the applicant. We understand that we are required to notify the Insurance Council of British Columbia, in writing, within five (5) business days, if this applicant's authority to represent our firm ceases, and to advise the Insurance Council if there are concerns related to the applicant's suitability or conduct as a licensee.

Signature of Nominee _____

Print Name and Title _____

Date Signed (mm/dd/yyyy) _____

Completed forms should be emailed to: licensing@insurancecouncilofbc.com.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
For details on the licensing process, refer to Insurance Council of British Columbia's website at insurancecouncilofbc.com.