



1. Your Current Licence Information

Full name as printed on your licence: [text box]

File Number or Licence Number From Last Held Certificate: [text box]

2. Update Licence Information

Update my licence to Level: [text box]

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

3. If Applying for Level 3 Licence

Name of Employer: [text box]

Employer File Number: [text box]

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

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

Street Number: [text box] Street Name: [text box]

Suite Number: [text box] City: [text box]

Province: [text box] Postal Code: [text box]

[checkbox] I will be responsible for a specific area of the operations as outlined below: Write on reverse if additional space is required.

[Large text area for specific area of operations]

[checkbox] I am an Officer, Director, or Partner of the licensed corporate agent or firm.

4. Signatures

Licensee: [text box]

Date signed: [DDMMYY grid]

Nominee, Officer, Director or Partner: [text box]

Print name: [text box]

Date signed: [DDMMYY grid]

Title: [text box]