



For details on the licensing process, refer to Council’s website at [insurancecouncilofbc.com](http://insurancecouncilofbc.com).

**SECTION 1 APPLICANT/ LICENSEE INFORMATION**

Licence Number (if applicable):
Legal first name:
Legal middle name(s):
Legal last name:

Select ONE only. This form represents:	
Part of a Licence Application	Appointment of New Supervisor

**SECTION 2 APPLICANT/ LICENSEE QUALIFIED DESIGNATIONS**

*Note: If you do not have one of the following designations listed below – leave this section blank and proceed to Section 3.*

I currently hold one of the following designations and am requesting a reduction in the 24 month supervision requirement under Council Rules:

Chartered Life Underwriter     Certified Financial Planner     Registered Financial Planner

Attach a copy of your designation (if applicable). By signing below, you are confirming that your designation is current. If you have any questions as to whether your designation is current, please call the organization that granted the designation.

**SECTION 3 APPLICANT/ LICENSEE SIGNATURE**

I, the undersigned, acknowledge that all the information contained in this form is true and complete. If I am appointing a new supervisor, I confirm that I have advised my existing supervisor on record with Council of this change. My supervisor is aware of and has consented to all other business activities I am engaged in, if any.

SIGNATURE OF  
APPLICANT/ LICENSEE

\_\_\_\_\_

DATE SIGNED  
(MM/DD/YYYY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4 SUPERVISOR DECLARATION & SIGNATURE**

I, the undersigned, acknowledge that all the information contained in this form is true and complete. I agree to supervise this Applicant/ Licensee in accordance with Council Rules and publications. I understand my responsibilities, including the requirement to notify Council in writing within five (5) business days if I cease to act as the Applicant / Licensee's supervisor; and to include in the notification the reasons for withdrawing as supervisor if they relate to the person's suitability or conduct as a licensee.

SIGNATURE OF  
SUPERVISOR

\_\_\_\_\_

PRINT FULL LEGAL NAME  
OF SUPERVISOR

\_\_\_\_\_

LICENCE NUMBER

\_\_\_\_\_

DATE SIGNED  
(MM/DD/YYYY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

*\*Note: Any Supervisor seeking an exemption to the minimum five years' experience requirement must make a separate submission outlining their qualifications, including confirmation of licensed experience in another Canadian jurisdiction, if applicable. Once an exemption is granted, a Supervisor does not need to resubmit the request with subsequent Supervisor Undertakings.*