

For details on the licensing process, refer to Council's website at insurancecouncilofbc.com.

SECTION 1 YOUR CURRENT LICENCE INFORMATION

Full name as printed on your licence:
Licence Number from last held certificate:

SECTION 2 UPDATE LICENCE INFORMATION

You must attach all Educational Records or your request will be returned.
Update my licence to Level:

SECTION 3 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 of British Columbia for the areas I supervise or manage.						
<input type="checkbox"/> I will be responsible for the insurance activities at the following office (Branch Manager): <table border="1" style="margin-left: 20px;"> <tr> <td colspan="3">Address:</td> </tr> <tr> <td>City:</td> <td>Province:</td> <td>Postal Code:</td> </tr> </table>	Address:			City:	Province:	Postal Code:
Address:						
City:	Province:	Postal Code:				
<input type="checkbox"/> I will be responsible for a specific area of the operations as outlined below: <table border="1" style="margin-left: 20px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						
<input type="checkbox"/> I am an Officer, Director, or Partner of the licensed corporate agent or firm.						

SECTION 4 SIGNATURES

Signature of Licensee	_____
Date Signed (MM/DD/YYYY)	_____
Signature of Nominee/Officer/Director/Partner	_____
Print Name and Title	_____
Date Signed (MM/DD/YYYY)	_____