

Mail application with fees to:  
 Department of Insurance  
 PO Box 1139  
 Sacramento CA 95812-1139  
 LIC 441-17 (Rev 3/2014)

**State of California Individual Short Application  
 For Insurance License  
 (Type or print clearly)**

**This application is to be used only if applicant is currently licensed in the State of California.**

<b>LICENSE TYPE:</b> <input type="checkbox"/> Accident and Health Agent (AH) <input type="checkbox"/> Life-Only Agent (LO) <input type="checkbox"/> Property Broker-Agent (PR) <input type="checkbox"/> Casualty Broker-Agent (CA) <input type="checkbox"/> Personal Lines Broker-Agent (PL) <input type="checkbox"/> Limited Lines Auto Insurance Agent (AU)	<input type="checkbox"/> Credit Insurance Agent (CI) <input type="checkbox"/> Part Time Fraternal Agent (PF) <input type="checkbox"/> Portable Electronics Insurance Agent (PE) <input type="checkbox"/> Rental Car Agent (RC) <input type="checkbox"/> Surplus Line Broker (SL)* <input type="checkbox"/> Special Lines' Surplus Line Broker (SP)* <input type="checkbox"/> Vehicle Service Contract Provider (VS)	<input type="checkbox"/> <input type="checkbox"/> Life and Disability Analyst (LA) <input type="checkbox"/> Motor Club Agent (MC) <input type="checkbox"/> Cargo Shipper's Agent (CS) <input type="checkbox"/> Self-Service Storage Agent (SS)
	Social Security Number **	

Last Name	First Name	Full Middle Name	Suffix	Current License Number
-----------	------------	------------------	--------	------------------------

Resident Address (P.O. Box not acceptable)	City	State	Zip Code	Resident Phone Number ( )
--	------	-------	----------	------------------------------

Business Address (P.O. Box not acceptable.)	City	State	Zip Code	Business Phone Number ( )
---	------	-------	----------	------------------------------

Mailing Address (P.O. Box is acceptable.)	City	State	Zip Code	E-mail address
---	------	-------	----------	----------------

**SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION-(In compliance with the Americans with Disabilities Act)**  
 Do you have a disability/impairment for which you may need assistance during the written examination(s)? ..... Yes No

**EXAMINATION INFORMATION:**  
 After your license application is received and processed. CDI will contact you by email or telephone with the procedure to schedule your license examination using PSI's license examination scheduling service.

**LIFE-ONLY AGENT LICENSE APPLICANTS ONLY:**  
 Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code?  
 Yes No

**LIFE-ONLY AGENT/PART TIME FRATERNAL LICENSE APPLICANTS ONLY:**  
 Are you intending to act as a Variable Contract agent? Yes No  
 Are you registered with FINRA or SECO? Yes No  
 CRD# If CRD# is not provided; acceptable proof must be attached before the authority may be granted.

**FICTITIOUS NAMES: (Complete only if DBA has not already been approved by this office)**  
 Do you intend to use a fictitious (DBA) name? Yes No  
 If yes, list such name: (This name must be approved by the Department prior to use.)

Have you, since your last previous application to the California Department of Insurance, been convicted of a crime? (If yes, you must submit a signed statement detailing events (dates and places) and certified court documents showing final judgment) Yes No  
 Have you, or your organization or any of its officers, directors, or 10% or greater shareholders, been the subject of any administrative agency disciplinary action since your last previous application (If yes, you must submit a signed statement detailing events (dates and places) and certified documents, from governing agency, showing final dispensation) Yes No

**Applicant's Certification:**  
 I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I understand that pursuant to section 1668 (h) and 1738 of the California Insurance Code, any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further pursuant to insurance code sections 1703 and 1733, I authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

**APPLICANTS SIGNATURE:** ► \_\_\_\_\_ CITY \_\_\_\_\_ DATE \_\_\_\_\_  
 All fees are filing fees and are not refundable, whether or not the application is acted upon or the examination is taken.

\* Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker  
 \*\*Disclosure of your U. S. social security number is mandatory pursuant to Insurance Code section 1666.5, Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b). The social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by phone (800-967-9331) or by mail, to the following address: 320 Capitol Mall, Sacramento CA 95814-4309.

Section 31(e) of the California Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Department of Insurance. Applicants and licensees are required to pay all state tax obligations and failure to comply with this requirement may result in suspension of licenses issued by the Department of Insurance.