

Licensing and Administrative Business Bureau  
Attn: Public Adjuster Authorization  
P.O. Box 1139  
Sacramento, CA 95812-1139  
(916) 492-3085

To the Insurance Commissioner of the State of California, notice is hereby given that the designated Public Adjuster hereby: (check one)

☐ Authorizes and agrees to employ the person named herein as:

Public Insurance Adjuster  
Apprentice Public Insurance Adjuster

☐ Terminates the employment of the person named herein.

This document should be emailed to: sac.adjuster@insurance.ca.gov or mailed to: California Department of Insurance, Attention: Adjuster Unit, 300 Capitol Mall, Sacramento, CA 95814-4313

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**Employee Information: (must complete in full)**

Insert full name under which license is issued and the business address. Also, if employee is not yet licensed, leave license number blank.

Name: \_\_\_\_\_ License number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Employer Information: (must complete in full)**

License number of the employing Public Insurance Adjuster: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Natural Person Signing Above \_\_\_\_\_

Title(s) of Natural Person Signing Above \_\_\_\_\_