

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

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: _____

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 _____