

# Application For Branch Office Certificate

LIC 31A-13 (Rev 03/2019)

**Producer Licensing Bureau**

P.O. Box 1139

Sacramento, CA 95812-1139

(916) 492-3085

www.insurance.ca.gov

<b>1.</b>	<p><b>Check One:</b></p> <p>New Branch Office Certificate:                  Fee Required: Insurance Adjuster \$52 Public Adjuster \$39</p> <p>Change of Branch Office Address (no fee required) List the <u>previous</u> address of the branch office:</p> <p>Number/Street _____ City _____ State _____ Zip Code _____</p> <p>Change of Branch Office Manager (no fee required)                  List the <u>previous</u> Branch Office Manager; list new manager on item #7:</p> <p>Previous Manager: _____                  Last First Middle</p>
<b>2.</b>	<p>License Type Held: Check One</p> <p style="text-align: center;"> <input type="checkbox"/> Insurance Adjuster                      <input type="checkbox"/> Public Insurance Adjuster                 </p>
<b>3.</b>	<p>License Number: _____</p>
<b>4.</b>	<p>Licensee Name: _____                  Last First Middle or Business Entity</p>
<b>5.</b>	<p>Licensee's <u>Principal Business</u> Address (P.O. Box is not acceptable)</p> <p>Number/Street _____ Apt.#/Suite _____                  City _____ State _____ Zip Code _____</p>
<b>6.</b>	<p><b>NEW BRANCH OFFICE ADDRESS</b> -- <u>Must be a bona fide place of business</u>, (a P.O. Box is not acceptable).</p> <p>Number/Street _____ Apt.#/Suite _____                  City _____ State _____ Zip Code _____</p>
<b>7.</b>	<p><b>NAME OF PERSON IN CHARGE OF BRANCH OFFICE:</b></p> <p><b>A:</b> _____                  Last First Middle</p> <p><b>B:</b> Social Security Number ____-____-____/____-____/____-____</p> <p><b>C: RESIDENCE ADDRESS:</b></p> <p>Number/Street _____ Apt.#/Suite _____                  City _____ State _____ Zip Code _____</p>
<b>8.</b>	<p><b>AUTHORIZED SIGNATURE OF <u>LICENSEE</u>:</b></p> <p>▶ _____ TITLE _____                  (If licensee is an organization, an officer, member, manager [corporation or LLC] or general partner [partnership] must sign).</p> <p>Date _____ Phone (____) _____ FAX (____) _____</p>