## PERSONAL IDENTIFICATION INFORMATION

THIS FORM IS REQUIRED TO BE COMPLETED BY THE FOLLOWING PERSONS AFFILIATED WITH A LICENSED ADJUSTER:

Each partner of a Partnership Each officer of a Corporation

The Qualified Manager of an (Independent) Insurance Adjuster unless such Qualified Manager is an individual owner who is also applying for an adjusters' license.

ITEM (10) MUST BE COMPLETED BY THE LICENSED ADJUSTER WITH WHOM YOU ARE TO BE AFFILIATED.

1	TYPE: (Check only one) (INDEPENDENT) INSURANCE ADJUSTER PUBLIC INSURANCE ADJUSTER
2	POSITION: QUALIFIED MANAGER PARTNER OF PARTNERSHIP
	OFFICER OF CORPORATION, check one: PRESIDENT SECRETARY VICE PRESIDENT TREASURER
3	NAME:(Last) (First) (Middle)
	RESIDENCE ADDRESS (P.O. Box is not acceptable)
4	Street Apt/Suite #
	City State Zip
	IDENTIFICATION INFORMATION:  ATTACH A RECENT 1¼" x 1¼" PHOTOGRAPH:
	Social Security Number
5	Sex Male Female Birth Date
	Birthplace
	Height Weight Eye Color Hair Color   QUALIFIED MANAGER ONLY:
	A. Examination Information (if applicable): Desired examination location (Los Angeles, San Diego,
	San Francisco, Fresno, Sacramento). You will be scheduled for the next available date in the location selected.
	B. Fingerprint impressions and a fingerprint processing fee are required for the qualified manager. If an examination is is required, your fingerprint impressions will be taken at the examination site upon passing the examination.
	C. Do you now hold, or have you ever held any license/permit under which you engaged in any occupation? YES NO If "YES," list such license/permit:
	ii 123, list such neerise/pertint.
6	D. List your occupation/employment for the past five years to current date. Include unemployment and school.
U	NOTE — IF YOUR EMPLOYMENT RECORD IS TO BE USED TO DETERMINE YOUR EXPERIENCE ELIGIBILITY FOR THIS LICENSE, ATTACH A SEPARATE SIGNED STATEMENT DETAILING THE DUTIES PERFORMED AND THE TIME SPENT PERFORMING SUCH DUTIES.
	From To Employer Reason for (Mo. & Yr.) Name Address Leaving

7	HAVE YOU EVER HAD ANY PROFESSIONAL, VOCATIONAL OR BUSINESS LICENSE DENIED, SUSPENDED, REVOKED OR RESTRICTED OR A FINE IMPOSED BY ANY PUBLIC AUTHORITY, OR WITHDRAWN ANY APPLICATION FOR OR SURRENDERED ANY SUCH LICENSE TO AVOID DISCIPLINARY ACTION?
8	HAVE YOU EVER BEEN CONVICTED OF A CRIME?  "Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of nolo contendere, having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.
<b>&gt;</b>	► IMPORTANT NOTICE: If you answered yes to (7) or (8), attach a detailed statement, signed by you, of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, CERTIFIED BY THE COURT, of the Criminal Complaint and the Sentencing Minute Order showing the final judgment.
9	STATEMENT AND CERTIFICATION:  I represent that my affiliation with the adjuster named in (10), below, is not prohibited by the laws, rules or regulations of any Federal, State, County, or municipal Government by which I am currently employed (if any), or by which my employer or I am licensed, (if any).  I Certify under penalty of perjury that I have read the foregoing information provided and know the contents thereof and that each statement therin made is full, true and correct, and I agree to notify the Insurance Commissioner of any change in the information provide by me. I understand that any false statement may subject the license to denial or subsequent revocation. Further, pursuant to Insurance Code Section 15028.6 and Government Code 7473, I authorize disclosure to the Insurance Commissioner of all financial institution records of any Fiduciary Accounts for the duration of the license.
	SIGNATURE
10	THE FOLLOWING MUST BE COMPLETED BY THE LICENSED ADJUSTER WITH WHOM YOU WILL BE AFFILIATED:  A. Adjusters' Name (as shown on license):  B. Is the person named in question (3) REPLACING a previously named Qualified Manager, Officer, or Partner?
	Name:
	Signature of licensed Adjuster:    Title