

# Certificate to Sell Securities as Agent

LIC 441-1 (Rev 05/2008)

**Producer Licensing Bureau**  
P.O. BOX 1139  
SACRAMENTO, CA 95812-1139

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 For Department Use |  
 FOR: |  
 Refund \_\_\_\_\_ |  
 OS \_\_\_\_\_ |  
 Issued \_\_\_\_\_ |  
 Checked by \_\_\_\_\_ |  
 Cert. No. \_\_\_\_\_ |  
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APPLICATION to the Insurance Commissioner of the State of  
California for CERTIFICATE TO SELL SECURITIES AS AGENT

\_\_\_\_\_  
(Name of Company)

This Application Does Not Authorize the Applicant to  
Negotiate or Effect the Sale of Securities Until License  
is Issued.

SEE FEE CHART FOR FILING FEE

EVERY QUESTION MUST BE ANSWERED  
(A dash or line is not an answer. Failure to answer every  
question fully and correctly may result in penalty to you.)

1. Print Full Name of Applicant \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. Residence Address \_\_\_\_\_  

Street and Number	City	County	Zip Code
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4. Length of Residence at Above Address \_\_\_\_\_
5. Prior Address \_\_\_\_\_  

Street and Number	City	County	Zip Code
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6. Length of Residence at Above Address \_\_\_\_\_
7. Are you now or have you ever used any individual or business name other than that set forth in Question 1? \_\_\_\_\_ If your answer is "Yes", give each such name and reason used.  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have you ever been licensed by any Public Authority? \_\_\_\_\_
9. Have any of the following occurred: (a) Have you ever been convicted of any crime (including military, but excluding traffic offenses); or (b) have you ever pled guilty to a crime, entered a plea of nolo contendere, received or been issued an order of probation, order suspending sentence, pardon, or order of dismissal based on withdrawal of a plea or vacation of a verdict; or (c) has any professional, vocational or business license ever been denied, suspended, revoked or conditioned by any public authority; or (d) have you ever withdrawn any such application or surrendered a license to avoid disciplinary action? \_\_\_\_\_ If your answer to Question 9 is "Yes", please attach an explanatory statement.
10. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

11. Give below your occupational and employment record for the past five years (including periods of self-employment, unemployment, school attendance, etc.):

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Date of Employment	By Whom Employed	Nature of Work	Reason for Leaving

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I CERTIFY (OR DECLARE) 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 SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, I AUTHORIZE FINANCIAL INSTITUTIONS TO DISCLOSE TO THE INSURANCE COMMISSIONER RECORDS OF ANY FIDUCIARY ACCOUNT FOR THE DURATION OF THIS CERTIFICATE. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME.

\_\_\_\_\_  
Signature of Applicant

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
City or Town

\_\_\_\_\_  
State

COMPANY STATEMENT OF APPOINTMENT

To the Insurance Commissioner:

\_\_\_\_\_ has investigated or has caused to be investigated the experience, character and past record or dealings of the applicant herein, and knowing the applicant is worthy of a certificate, does hereby appoint the applicant as its agent, and requests that the foregoing application be granted.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Authorized Representative

Dated: \_\_\_\_\_