



Adjuster Information Section

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|----------------------------|-----------------------------|---|-----------|----------------------------|
| 1. Last Name Jr/Sr etc. | 2. First Name | 3. Middle Name | | |
| 4. NIPR Transaction Number | 5. Date of Birth (MM/DD/YY) | 6. Social Security Number (last 4 digits) | | |
| 7. Email Address | | 8. Telephone Number | | |
| 9. Mailing Address | 10. PO Box | 11. City | 12. State | 13. Zip or Foreign Country |

Public Insurance Adjuster Agent Section

Completion of this section is only required if applying/renewing as a Public Insurance Adjuster Agent.

Public Insurance Adjuster Agents must be sponsored by a licensed individual or business entity Public Insurance Adjuster. The Representative may only be sponsored with one adjuster at a time.

Provide the following information if applying for or renewing a license as a Public Insurance Adjuster Agent:

- a) Name of sponsoring Public Insurance Adjuster: _____
- b) NPN or FEIN or sponsoring Adjuster: _____
- c) Signature of sponsoring Adjuster: _____
- d) Date of PIA sponsorship signature: _____

Certification Attestation and Affidavit of Applicant

I do solemnly swear or affirm under penalty that I am the person named therein and that the statements herein contained are true.

Signature of Applicant

Date

Full Legal Name (Printed or Typed)