



Monica J. Lindeen

Commissioner of Securities & Insurance
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A PROOF OF PASSING CERTIFICATE FOR THE MONTANA ADJUSTER EXAMINATION/OR HOME STATE CERTIFICATION MUST ACCOMPANY THIS APPLICATION

APPLICATION FEE \$50

The undersigned hereby applies for a license to act as an Insurance Adjuster pursuant to the provisions of 33-17-301, MCA.

1. Name _____
 (Last) (First) (Middle)
 Sex (Please Circle) M F
2. Business Address _____
 (Street) (City) (State) (Zip)
3. Residence Address _____
 (Street) (City) (State) (Zip)
4. Date of Birth _____ Social Security Number _____
5. Business Phone Number _____ Resident Phone Number _____
6. Employing Adjusting Firm _____
 (Name)
 Firm Address _____
 (Street) (City) (State) (Zip)
7. Are you a full time employee of a licensed adjuster or adjusting firm? _____Yes _____No
8. Are you a graduate of a recognized law school? _____Yes _____No
9. On A separate sheet, please provide a statement that describes your employment experience and places of residence the past three years.
10. Have you had any experience/special education in adjusting? _____Yes _____No
 If yes, please provide a statement on a separate attached sheet that describes your experience.
11. Have you ever been convicted of a felony? _____Yes _____No
 If yes, please attach on a separate sheet statement that describes in detail the circumstances of each conviction.
12. If Non-resident, please attach certification from your resident state insurance department.

Applicant's Signature

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

Email Address (This is required) _____



