

**Application for General Licence Upgrade and/or
Application for General Licence Upgrade Examination**

Please print or type – attach supporting documentation

1.) Name of Applicant: _____
Last First Middle Initial (Mr., Mrs., Ms., Miss)

2.) Residence Address: _____
Mailing Address (Street, Box, R.R., Site)

City Province Postal Code

3.) Name of Agency and Trade Name (If Any): _____

4.) Business Address: _____

5.) Name of Company / Insurer: _____

6.) Indicate which level of licence you are applying for (**check only one**):

- I am applying for a **Level 1** Licence and I have attached written confirmation of successfully completing the CAIB I or my Fundamentals of Insurance.
- I am applying for a **Level 2** Licence and I have attached written confirmation of successfully completing the CAIB II and III courses.
- I am applying for a **Level 3** Licence and I have attached written confirmation of (at least) one of the following:
 - CAIB IV CAIB Designation
 - AIIC Designation FIIC Designation
 - CIB Designation CRM Designation
- I am applying to write the following **UPGRADE** examination with your office:
 - Level 1 Level 2 Level 3

* Please note that this form will not suffice for an amendment or transfer of your licence. If you are changing your agency name or sponsoring insurance company you must complete a new application form. Application forms can be downloaded from our web-site under Printable Forms.

Licence Number: