



Certificate of Authority Request Form / Non-Resident Endorsement Request Form

This form is to be completed by an agent who currently resides in Manitoba and wishes to obtain a licence in another jurisdiction

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 (in your home jurisdiction): Street/Box/R.R./Site City, Province

Postal Code Business Telephone Business Fax

5.) Requested Province(s) or State(s):

6.) Do you require a history check depicting your licensing history with first original issue date, any breaks in your licensing period and examination results, to be completed by Council for the above noted province(s) or state(s)?

Yes No

7.) I would like this certificate to be sent to my: Home address (as noted above) Business address (as noted above) Other

Signature Date

DO NOT WRITE BELOW THIS LINE

Agent Licence Number Cheques are made payable to the: Insurance Council of Manitoba Certificate Fee = \$70 (must be in Canadian funds)