



**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.) 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 <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>	Cheques are made payable to the: <i>Insurance Council of Manitoba</i> (Must be in Canadian funds)	Certificate Fee = \$70 _____
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