

USE THIS FOR TO: Request for change in Level of License

Alberta Insurance Council

REQUEST FOR CHANGE IN LEVEL OF CERTIFICATE

Agents Name: _____ D.O.B. _____
Last First Initial Month/Day/Year

Certificate/License #: _____ Date: _____
Month/Day/Year

Please change my certificate from a _____ to _____

PLEASE ATTACH PROOF OF COURSE COMPLETION or EXAMINATION

I have enclosed the required fee of \$25.00.

To ensure we are able to contact you please confirm you're the following:

Residence Address

Business Address

Street: _____

Street: _____

City: _____ Province: _____
PC: _____

City: _____ Province: _____
PC: _____

Telephone: _____
Fax: _____
Email: _____

Telephone: _____
Fax: _____
Email: _____

Agents Signature

Please return this form to one of the Alberta Insurance Council offices at:

Edmonton

Suite 600 Bell Tower
10104-103 Avenue
Edmonton, Alberta
T5J 0H8

Telephone 780-421-4148
Fax 780-425-5745

Calgary

Suite 500, 222 - 58 Avenue SW
Calgary, Alberta
T2H 2S3

Telephone 403-233-2929
Fax 403-233-2990