

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

ALBERTA INSURANCE COUNCIL

REQUEST FOR CHANGE IN LEVEL OF CERTIFICATE

Agent's Name: Last First Initial D.O.B. Month/Day/Year

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

Please change my certificate from a

PLEASE PROVIDE 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:

Agent's 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