OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE

INDIVIDUAL REGISTRATION FORM
NONRESIDENT INDEPENDENT ADJUSTER

1. NAME OF APPLICANT: ❑Mr. ❑Mrs. ❑Ms. ❑Miss

Last _____ First _____ Middle Name: _____

2. IDENTIFICATION INFORMATION:

S.S.N. _____ Sex: ❒M ❒F _____

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City, State

Email: _____ Website: _____

3. BUSINESS NAME AND ADDRESS: Name: _____(P.O. Box not acceptable)

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Business Phone No: ( ) - _____ - _____ Fax Phone No: ( ) - _____ - _____

4. PHYSICAL ADDRESS IN STATE OF DOMICILE: (P.O. Box not acceptable)

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Phone No: ( ) - _____ - _____

5. PHYSICAL ADDRESS WHILE IN THE VIRGIN ISLANDS:

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Phone No: ( ) - _____ - _____

BY SIGNATURE HERETO I hereby certify that the information provided in this application is true and correct.

Date:_____ _____
Applicant's Signature

Subscribed and Sworn to before me this ____ day of _____, 20___.

_____
Notary Public
Commission Expires:_____
Commission Number:_____

NOTE: *You are required to attach a copy of your adjuster's license from your state of domicile along with a copy of your picture identification.*