



Department of Consumer & Business Services

Insurance Division – 3

P.O. Box 14480, Salem, OR 97309-0405

Phone: (503) 947-7981, Fax: (503) 378-4351

350 Winter St. NE, Room 440, Salem, Oregon

www.oregoninsurance.org

Temporary Adjuster
Permit Application

No fee is required.

Name of adjuster _____

Business name _____ Phone _____

Street address _____

City, State, ZIP _____

Date of birth _____ Social Security number _____

Resident state where applicant is authorized to adjust losses: _____

Resident-state adjuster license no.: _____

Length of time applicant has been adjusting losses: _____

Employing adjusting firm:

Name _____

Street address _____

City, State, ZIP _____

This is to certify that _____ has been issued a temporary adjuster permit for the State of Oregon to adjust losses claimed under insurance policies in catastrophe areas for or against an authorized insurer in Oregon. This temporary permit expires on the ninetieth (90th) day of issuance.

Date of issuance _____

Manager, Agent Licensing Unit, Oregon Insurance Division

Temporary permit no.: _____