



Department of Consumer & Business Services

Insurance Division — 3

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**Temporary Adjuster
Permit Application**

No fee is required.

Name of adjuster

Business name

Phone

Street address

E-mail

City, State, ZIP

Date of birth

Social Security number

Resident state where applicant is authorized to adjust losses: _____

Resident-state adjuster license number: _____

Length of time applicant has been adjusting losses: _____

Employing adjusting firm:

Name

E-mail

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 90th day of issuance.

Date of issuance

Manager, Agent Licensing Unit, Oregon Insurance Division

Temporary permit number

