

LICENSING PROCESS



AT IBA



GET SOLUTION NUMBER

Add New Recruits Solution Number to Your Contact Info



REGISTER FOR POL

Password= Primerica!
(Capital P)



DOWNLOAD & LOG-IN TO PRIMERICA APP

User ID= Their Solution Number
Password= Primerica!



ADD TO WHATSAPP CHAT



SET APPOINTMENT TO DO FAST START

Set Appointment for the Next Day or Within 48 Hrs

32 HOURS PRE-LICENSING

WWW-UCANPASS.EXAMFX.COM



STUDY HALLS

MONDAY 8 PM **ZOOM**
LUNES 818-271-8958

MONDAY

TUESDAY 8 PM **ZOOM**
MARTES 818-271-8958

TUESDAY

THURSDAY 6 PM **OFFICE**
JUEVES 253 N SAN GABRIEL AVE
PASADENA CA

THURSDAY

SATURDAY 9 AM **OFFICE**
SABADO 253 N SAN GABRIEL AVE
PASADENA CA



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STATE APPLICATION

State of California
Individual Application For Insurance License
 LIC-441-9 (Rev 01/2021)

Department of Insurance

1. Application Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Certificate of Convenience		For Department Use Only	
2. License Type:		License # _____	
<input type="checkbox"/> Accident & Health or Sickness (AH)	<input type="checkbox"/> Part Time Fraternal Agent (PF)	<input type="checkbox"/> Life & Disability Analyst (LA)	
<input checked="" type="checkbox"/> Life Agent (LO)	<input type="checkbox"/> Portable Electronics Agent (PE)	<input type="checkbox"/> Motor Club Agent (MC)	
<input type="checkbox"/> Variable Life and Variable Annuity (VC)	<input type="checkbox"/> Car Rental Agent (RC)	<input type="checkbox"/> Cargo Shipper's Agent (CS)	
<input type="checkbox"/> Property Broker-Agent (PR)	<input type="checkbox"/> Surplus Line Broker (SL)*	<input type="checkbox"/> Vehicle Service Contract Provider (VS)	
<input type="checkbox"/> Casualty Broker-Agent (CA)	<input type="checkbox"/> Special Lines' Surplus Line Broker (SP)*		
<input type="checkbox"/> Personal Lines Broker-Agent (PL)	<input type="checkbox"/> Self-Service Storage Agent (SS)		
<input type="checkbox"/> Limited Lines Auto Insurance Agent (AU)	<input type="checkbox"/> Title Marketing (TM)		
<input type="checkbox"/> Credit Insurance Agent (C)	<input type="checkbox"/> Burial and Funeral Expenses (LOLP)		

3. Last Name _____ First Name _____ Middle Name _____ Suffix _____

4. Male Female 5. Birthdate (MMDDYYYY) _____ 6. Social Security Number or Individual Tax Identification Number** _____

7. Resident Address (P.O. Box not acceptable) _____ 8. City _____ 9. State _____ 10. Zip Code _____

11. Home Phone Number _____ 12. Are you a citizen of the United States? Yes No 13. Are you affiliated with a financial institution/bank? Yes No

14. Business Address (P.O. Box not acceptable.) _____ 15. City _____ 16. State _____ 17. Zip Code _____
 253 N SANGABRIEL BLVD SUITE 200 PASADENA CA 91107

18. Business Phone Number _____ 19. Business Fax Number _____ 20. E-mail Address (required) _____ 21. Business Web Site Address _____
 818-237-9201 858-466-5407

22. Mailing Address (P.O. Box is acceptable.) _____ 23. City _____ 24. State _____ 25. Zip Code _____

26. Special Accommodation Request for Examination - If required, arrangements were made prior to taking and passing the license examination.

SOLUTION NUMBER: _____

27. Examination Information: If required, you must first pass your license examination before submitting this license application. After you pass your license examination, please ensure that all required documents are submitted. If you are required to submit documents, please email them to: CADepartmentofInsuranceLicensingExams@insurance.ca.gov or send them to: CA Dept. of Insurance, Attention: Individual License Application, 320 Capitol Mall, Sacramento, CA 95814-4309

*Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application.
 **Disclosure of your U.S. social security number or an individual tax identification number issued by the Internal Revenue Service pursuant to Cal. Insurance Code, §1666.5(a)(2) is mandatory pursuant to: Cal. Family Code, § 17520(d); the Federal Tax Reform Act of 1976 (42 U.S.C. §405(c)(2)(C)(i)) and the Federal Welfare Reform Act of 1996 (42 U.S.C. §666). If you fail to disclose your social security number or your individual tax identification number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by telephone (800-967-9331) or by mail to the following address: 320 Capitol Mall, Sacramento CA 95814.



EXAM

California Life Agent Examination

75 Total Questions

Time Limit: 90 Minutes

Passing Score: 60%

FINGER PRINTS

FINGER PRINTS

One Stop Registration Services

[2216 E Colorado Blvd, Pasadena](#)

Monday – Saturday
8 AM – 5 PM Walk-In

Sunday
12 PM – 5 PM Walk-In



Scan For Directions

STATE LICENSE APPROVAL

The screenshot displays the 'Check a License' page on the California Department of Insurance website. The page features a dark blue header with the state logo and navigation links for 'License Number', 'Individual Name Search', 'Business Name Search', and 'Enforcement Actions'. The main content area is titled 'Individual Name Search' and includes a search form with 'Last Name' and 'First Name' input fields, a 'Search' button, and a 'Clear' button. A success message with a green checkmark and the Cloudflare logo is visible. Below the search form are links for 'Glossary of Terms', 'Disclaimer', and 'Hints'. The search results section is currently empty, displaying 'No data'.

CA.GOV

California Department of Insurance
Check a License

License Number Individual Name Search Business Name Search Enforcement Actions

Individual Name Search

Enter the name of the licensee to retrieve the details for that particular license.

Last Name First Name

Search Clear

Success! CLOUDFLARE Privacy - Terms

Glossary of Terms Disclaimer Hints

Search Results

No data

APPOINTING



PRIMERICA®

PRODUCTIVE AGENT

2
ASSOCIATES
\$5,000
PRODUCTION