LICENSING PROCESS







GET SOLUTION NUMBER

Add New Recruits Solution Number to Your Contact Info



REGISTER FOR POL

Password= Primerical! (Capital P)



DOWLOAD & LOG-IN TO PRIMERICA APP

User ID= Their Solution Number Password= Primerical



ADD TO WHATSAPP CHAT



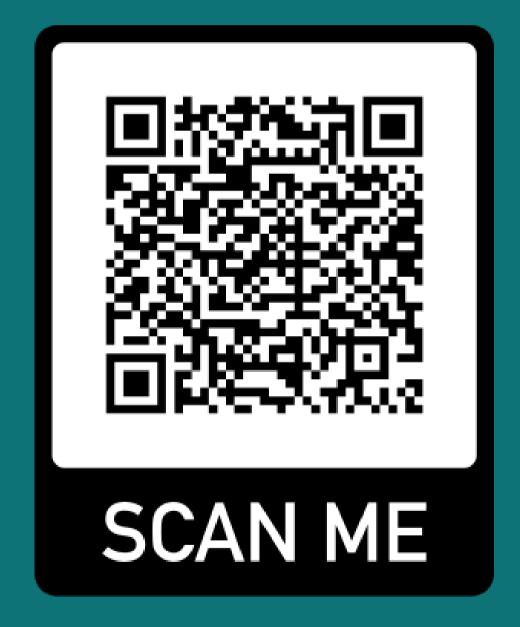
SET APPOINTMENT TO DO FAST START

Set Appointment for the Next Day or Within 48 Hrs

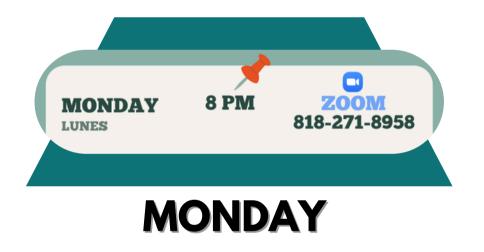
32 HOURS PRE-LICENSING



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STUDY HALLS









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STATE APPLICATION (

tate of California ndividual Application I IC-441-9 (Rev 01/2021)	For Insurance	License			Бера	artment of In:	surance	
Application Type: Permanent Certificate of Convenience						For Department Use Only		
2. License Type: Accident & Health or Sickness (AH) Life Agent (LO) Variable Life and Variable Annuity (VC) Property Broker-Agent (PR) Casualty Broker-Agent (CA) Personal Lines Broker-Agent (PL) Limited Lines Auto Insurance Agent (AU) Credit Insurance Agent (CI)		Part Time Fraternal Agent (PF) Portable Electronics Agent (PE) Car Rental Agent (RC) Surplus Line Broker (\$L)* Special Lines' Surplus Line Broker (\$P)* Self-Service Storage Agent (\$S) Title Marketing (TM) Burial and Funeral Expenses (LOLP)			Lice	License # Life & Disability Analyst (LA) Motor Club Agent (MC) Cargo Shipper's Agent (CS) Vehicle Service Contract Provider (VS)		
3. Last Name		First Name Middle N		ame		Suffix		
4. Male Female	5. Birthdate (MM/	DD/YYYY)	6. Social S	ecurity Number or In	dividual	Tax Identific	cation Number**	
7. Resident Address (P.O. B	le)		8. City		9. State	10. Zip Code		
11. Home Phone Number	Home Phone Number 12. Are you a citizen of the United States?				lo 13. Are you affiliated with a financial institution/bank?			
14. Business Address (P.O. I 253 N SANGABRIE 18. Business Phone Number	TE 200		15. City PASADENA il Address (required) 2:		16. State CA I. Business V	17. Zip Code 91107 Veb Site Address		
818-237-9201	5407							
2. Mailing Address (P.O. Bo)		23. City		24. State	25. Zip Code		
26. Special Accommodation the license examination. SOLUTION NU 27. Examination Information application. After you pass y required to submit document	m: If required, your license example, please email to	ou must first nination, ple hem to: CAI	pass your li ase ensure Departmento	cense examination b that all required docu ofinsuranceLicensingl	efore su ments a	ibmitting this are submitte @insurance.	license d. If you are ca.gov or send	
"Form LIC 050 must be comp "Disclosure of your U.S. soc Service pursuant to Cal. Insu Tax Reform Act of 1976 (42 to	oleted and submitial security numbers ance Code, §16 J.S.C. §405(c)(2	itted with Su per or an ind i66.5(a)(2) is)(C)(i)) and	rplus and/or ividual tax io mandatory the Federal	the Special Lines' Su lentification number is pursuant to; Cal. Far Welfare Reform Act of	irplus B sued b nily Cod f 1996 (roker Applic y the Interna le, § 17520((42 U.S.C. §	ation. Il Revenue d); the Federal 666). If you fail to viewed. An	



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

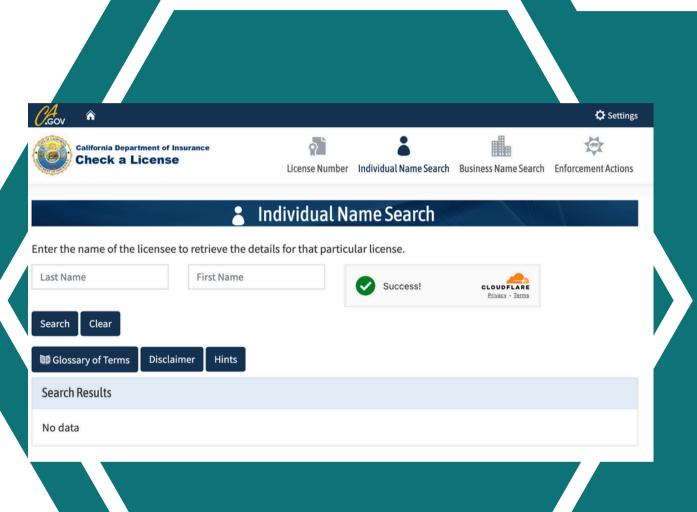
Monday – Saturday 8 AM – 5 PM Walk-In

Sunday 12 PM – 5 PM Walk-In



Scan For Directions

STATE LICENSE Check a License APPROVAL Last Name First



APPOINTING



PRODUCTIVE AGENT

