GEORGE DALE
Commissioner of Insurance
State Fire Marshal

LEE HARRELL
Deputy Commissioner

STATE OF MISSISSIPPI
Mississippi Insurance Department

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EMERGENCY PUBLIC ADJUSTER REGISTRATION FORM

JUNE 1, 2006 thru MAY 31, 2007

Due to the disaster caused by Hurricane Katrina, the Commissioner of Insurance has issued Bulletin No. 2005-8 (amended) requiring registration for all public adjusters doing business in the State of Mississippi. This registration does not require the licensing of public adjusters and is only implemented on a temporary basis to ensure the citizens of Mississippi are properly served. **There is a fee of fifty dollars ($50.00) for this registration. Otherwise, registration will be considered invalid. Term of registration shall be from the date received by this Department until May 31, 2007.**

(Please Print or Type)

Applicant Name: _____ _____
(First) (Middle) (Last) (Social Security Number)

Resident Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: _____ _____ _____
(Home) (Business) (Cell)

Date of Birth: _____ E-Mail Address: _____

EMPLOYER INFORMATION

Employer Name: _____ Phone Number: _____

Employer Address: _____
(Street) (City) (State) (Zip)

Registration is hereby made in good faith and the terms and obligations of the Mississippi Insurance Department and the State of Mississippi are accepted accordingly. I do hereby swear and affirm that all of the aforementioned information is true and correct.

_____
(Signature of Public Adjuster)

_____
(Date of Registration)