



## Louisiana Department of Insurance Request for Waiver of Examination for Workers' Compensation Adjuster

Pursuant to 22:1669 (C), individuals who have three years of verifiable experience adjusting workers' compensation claims within the previous five years may be granted a waiver from the workers' compensation adjuster examination provided the application for licensure is received on or before August 1, 2017. This form can be faxed to 225-342-3754 or e-mailed to [producerlicensing@ldi.la.gov](mailto:producerlicensing@ldi.la.gov)

Applicant Name: \_\_\_\_\_

Part 1 - Employment Experience			
1. Employer Name:		From: (MM/YY)	To: (MM/YY)
City:	State:		
Supervisor's Name:	Supervisor's Phone Number:		
Brief Description of Job Duties:			
2. Employer Name:		From: (MM/YY)	To: (MM/YY)
City:	State:		
Supervisor's Name:	Supervisor's Phone Number:		
Brief Description of Job Duties:			
3. Employer Name:		From: (MM/YY)	To: (MM/YY)
City:	State:		
Supervisor's Name:	Supervisor's Phone Number:		
Brief Description of Job Duties:			

List additional employers on a separate sheet, if necessary

**Part 2 - License History**

**Identify all states where you currently hold or held an adjuster license.**

**Part 3 – Education and Designations**

**Identify any industry designations held as well as any training or education received relevant to Workers' Compensation.**

I hereby certify under penalty of perjury that all of the information submitted on this form and any attachments is true and correct. I am aware that submitting false information or omitting material information in connection with a license application is grounds for license denial or revocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number