

Waiver Request of Required Experience

If you do not meet the requirements of the [modified licensing process](#) in [Bulletin 25-04](#), but you are requesting the Iowa Insurance Division waive the required experience requirements to be considered for licensure, this form must be completed and returned to the Iowa Insurance Division at producer.licensing@iid.iowa.gov.

Applicant Full Name: _____
Residential Address: _____
Personal Phone: _____
County of Residence: _____
State of Residence: _____
Business Name: _____
Business Mailing Address: _____
Business Email Address: _____
Business Phone: _____
Areas of Training or Expertise: _____

Check all that apply - I am applying for license as a(n):

- ☐ Public adjuster ☐ Independent adjuster ☐ Staff adjuster
☐ Appraiser ☐ Umpire

Please provide the information requested below (you may attach additional pages) and sign to attest to the accuracy of the information.

Describe your current work experience as it relates to the license type(s) you would be applying for.

Dates of License or Employment	Type of License or Employer Name	Licensure State or Employer Address	Qualifying Experience (include which license type it would apply to)	Employer Phone	Employer Email Address

Provide information on how your experience is sufficient, in lieu of meeting the minimum requirements.

Are there other specific skills you have that would merit consideration for the license you are requesting?

Provide any additional information that you feel is necessary for consideration of the waiver request.

You will need to also complete the following applicable application:

[Individual Independent Adjuster License Application](#)

[Individual Staff Adjuster License Application](#)

[Individual Appraiser License Application](#)

[Individual Umpire License Application](#)

[Adjuster and Appraiser Business Entity Application](#) (must be emailed to producer.licensing@iid.iowa.gov)

I have previously completed a criminal history check with Iowa or another state for a producer or adjuster license: ☐ Yes ☐ No If yes, state and date completed: _____

I have read and understood [SF 619](#) and all other [Iowa laws](#) related to adjusting, appraising, and/or umpiring as necessary to fulfill the duties of the license(s) I am requesting through this modified licensing process. I am aware and understand that I will be subject to penalties under Iowa law if I provide false information on this document. I attest that:

- ☐ I personally completed this application and it is accurate and complete.
- ☐ Someone else completed this application on my behalf but I reviewed it prior to submission for accuracy and completeness of the answers.

Signature _____ **Date** _____

Email this completed waiver request form to the Iowa Insurance Division at producer.licensing@iid.iowa.gov. Once this waiver request has been received by the Iowa Insurance Division, it will be reviewed by the Commissioner or a designee of the Commissioner. The findings of review will be a final determination, and you will be notified of the outcome. Any questions may be directed to producer.licensing@iid.iowa.gov or 515-654-6565.