



State of California
Department of Industrial Relations
Office of Self-Insurance Plans
1750 Howe Avenue, Suite 215
Sacramento, Ca. 95825
Phone (916) 464-7000
Fax (916) 464-7007

APPLICATION FOR SELF INSURANCE ADMINISTRATOR'S EXAMINATION

The undersigned person hereby applies to take the Self Insurance Administrator's Examination:

Please Print

1. Name of Applicant:

Home Address:

Apt: #

City:

State:

Zip Code:

2. Mailing Address (Only if difference from above):

Company Name:

Street Address:

Suite:

City:

State:

Zip Code:

3. Identification on Applicant:

Driver's License No. :

Issuing State:

Social Security Number:

Pursuant to the Federal Privacy Act of 1974 you are hereby notified that it is a mandatory requirement to provide your Social Security Number. This information will only be used by the Office of Self Insurance Plans for identification purposes.

4. Testing Location Requested:

Los Angeles Area

San Francisco Area

5. Mail Confirmation of Examination and Test Results to the following address:

Address Listed in Item #1 above.

Address listed in Item #2 above.

6. Attach application fee in the amount of \$100. Make checks or money orders payable to Office of Self Insurance Plans. (Do not send cash.) Application Fee is not refundable after OSIP issues its confirmation your application, seating you in the examination. Checks returned for insufficient funds will automatically result in rejection of your application and substitution of another candidate into your seat for examination. Incomplete applications will not be accepted.

Original Signature of Application

Date: