CERTIFICATION OF PARENT'S ELIGIBILITY

_____

PARENT

_____

APPLICANT'S NAME RELATIONSHIP

_____

INSURANCE AFFILIATION (EG: ADJUSTER, APPRAISER)

_____

JOB TITLE / DESCRIPTION EMPLOYER

_____

LOCAL CLAIMS ASSOCIATION MEMBERSHIP YEARS

This is to certify that the above named person has been a member, in good standing, of the _____ Claims Association for the 2 previous calendar years. The member's local dues for this year are current and our Association is responsible to pay this Member's State Dues.

_____

State Director (or Treasurer if Director is parent of Applicant)

_____

DATE