



Exam Registration Form for Arizona Insurance Examinations

Last Name		Full First Name		Full Middle Name		Social Security Number*	
Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth (Month, Day, Year)		City, State, Country of Birth			
Residence Address (Your address of legal residence is required)							
City		State		ZIP Code		Home Phone Number (including area code) ()	
Name of Business (If your place of business is your home, enter "N/A")**						Business Phone Number (including area code) ()	
Physical Business Address (Must list a street address, not a P.O. Box)						City State ZIP Code	
Business Mailing Address (P.O. Box permitted. If blank, physical business address will print on license)						City State ZIP Code	
E-mail address						Fax Number (including area code) ()	

*Your Social Security Number is required by ARS §25-320(N).

**If your mailing address contains the name of a business and you share commissions with it, that business must be separately licensed.

This form is Page 41 of the Arizona Licensing Information Bulletin. We recommend you read the entire Bulletin.

Series	Exam Title	Exam Fee	Total
13-31	Life Insurance Producer	\$49	\$
13-32	Accident and Health or Sickness Insurance Producer	\$49	\$
13-33	Life, Accident and Health or Sickness Insurance Producer	\$62	\$
13-34	Property and Casualty Insurance Producer	\$62	\$
13-35	Bail Bond Agent	\$49	\$
13-36	Property and Casualty Insurance Adjuster	\$62	\$
13-41	Surplus Lines Insurance Broker	\$49	\$
13-42	Property Insurance Producer	\$49	\$
13-43	Casualty Insurance Producer	\$49	\$
13-44	Personal Lines Insurance Producer	\$49	\$
13-45	Credit Insurance Producer	\$49	\$
Optional Fees		Fee	Total
	Fingerprinting Service Fee	\$20	\$
		Total Fees	\$

By filing this registration, you assume full responsibility for exam selection. Fees for these exams are not refundable and not transferable. If you are unsure which exam is needed for the license you are seeking, resolve this question *before* you register.

Fee may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. Please put your Social Security number on the check. Personal checks and cash are not accepted. Registration fees are not refundable. To pay by credit card, please complete the information below. Register by visiting our Web site at www.prometric.com/arizona, calling 800.853.5448 or faxing this completed form to 800.347.9242. To register by mail, send this completed form along with the appropriate fee to:

**Prometric, ATTN: AZ Insurance Program
1260 Energy Lane, St. Paul, MN 55108**

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder	