



Exam Registration Form

for Massachusetts Insurance Examinations

| | | | |
|---|------------|--|------------------------|
| Last Name | First Name | Middle Initial | Social Security number |
| Residence Address (Your address of legal residence is required) | | | Date of Birth - - |
| City | | State | ZIP Code |
| Daytime Phone Number (including area code) () | | Evening Phone Number (including area code) () | |
| Fax Number (including area code) () | | Email Address | |

This form is page 21 of the Massachusetts Licensing Information Handbook. We recommend you read the entire Handbook.

| Series | Exam Title | Exam Fee | Total |
|--|---|------------------|-----------|
| 16-51 | Producer's Life | \$57 | \$ |
| 16-52 | Producer's Accident and Health or Sickness | \$57 | \$ |
| 16-53 | Producer's Property | \$57 | \$ |
| 16-54 | Producer's Casualty | \$57 | \$ |
| 16-55 | Adviser's Life | \$57 | \$ |
| 16-56 | Adviser's Accident and Health or Sickness | \$57 | \$ |
| 16-57 | Adviser's Property and Casualty | \$57 | \$ |
| 16-58 | Public Adjuster | \$57 | \$ |
| 16-59 | Producer's Limited Lines Credit | \$57 | \$ |
| 16-60 | Motor Vehicle Damage Appraiser (Written Portion Only) | No fee | |
| 16-61 | Producer's Personal Lines | \$57 | \$ |
| If you would like to take two examinations at the same time, you may register and schedule for both exams for one \$57 fee. Registrations for dual exams for one combined fee must be processed at the same time. | | | |
| 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. Exam fees are valid for 90 days from receipt at Prometric. | | Total Fee | \$ |

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. To register, visit our Web site at www.prometric.com/massachusetts, call 800.741.9380 or fax this completed form to 800.347.9242. To register by mail, send this completed form along with the appropriate fee to:

Prometric
ATTN: MA Insurance Exam Registration
1260 Energy Lane
St. Paul, MN 55108

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