

**STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE
APPLICATION REQUEST FOR CONTINUING INSURANCE EDUCATION
CE EXTENSION FORM**

Insurance Producer's Full Name: _____
Last First MI

Social Security Number or Producer License Number _____

Home Mailing Address: _____ Business Address: _____

Home Telephone Number: _____ Business Telephone Number: _____

E-mail Address: _____

South Carolina Code Ann. Regulation 69-50 XV specifies that a licensed insurance producer unable to complete continuing insurance education requirements by the May 1, 2010 deadline, may request an extension from the Continuing Education Administrator. The request for an extension must meet the following requirements before being granted:

- The payment of CE record keeping fees, payment of producer license renewal fees, and completion of the producer license renewal application must have been completed;
- The request must be in writing and submitted by U.S. Mail, facsimile transmission or electronic transmission and must be received on or before May 1, 2010;
- The extension is granted for a period of not more than sixty (60) days; and
- The extension will expire at 5 P.M. on July 1, 2010.

CERTIFICATION

I, _____, do hereby certify that all of the
(Producer's Name – Please Print) information in this application is true and correct to the best of my knowledge. I understand that I must complete the continuing education hourly requirements by 5:00 P.M. July 1, 2010, or my license and appointments will lapse.

Signature of Producer

Date

THIS EXTENSION MUST BE RECEIVED BY PROMETRIC NO LATER THAN 5:00 P.M. MAY 1, 2010. MAIL, FAX OR E-MAIL THIS APPLICATION TO:

**PROMETRIC
ATTENTION: SOUTH CAROLINA CE PROGRAM
1260 ENERGY LANE, ST PAUL, MN 55108
FAX NUMBER: 800-735-7977
E-Mail Address: pro.ce.service@prometric.com**