



Exam Registration Form for Vermont Insurance Examinations

Last Name	First Name	Middle Name	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) ()
Employer (insurance company, if known)			Evening Phone Number (including area code) ()
E-mail address			Fax Number (including area code) ()

*For further information regarding Social Security number disclosure, please see Page 45 of this bulletin.

This form is Page 49 of the Vermont Licensing Information Bulletin. We recommend you read the entire bulletin.

Series	Exam Title	Exam Fee	Total
14-25	Producer's Life	\$73	\$
14-26	Life Laws and Regulations (CLU Waiver)	\$73	\$
14-27	Producer's Accident, Health and HMO	\$73	\$
14-28	Accident, Health and HMO Laws and Regulations (CLU Waiver)	\$73	\$
14-29	Producer's Life, Accident, Health and HMO	\$87	\$
14-30	Life, Accident, Health and HMO Laws and Regulations (CLU Waiver)	\$73	\$
14-31	Producer's Property and Casualty	\$87	\$
14-32	Property and Casualty Laws and Regulations (CPCU Waiver)	\$73	\$
14-33	Adjuster's Property and Casualty	\$87	\$
14-34	Adjuster's Workers' Compensation	\$73	\$
14-35	Bail Bond	\$73	\$
14-37	Motor Vehicle Damage Appraiser	\$73	\$
14-38	Agent's Title	\$73	\$
14-39	Personal Lines	\$73	\$
14-41	Producer's Property	\$73	\$
14-42	Producer's Casualty	\$73	\$
		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. Exam fees are valid for 90 days from receipt at Prometric.

Series 14-26, 14-28, 14-30 and 14-32 are intended for candidates with an exam waiver (see page 4 of the bulletin).

Fee may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. Please put your phone 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/vermont, calling 800.868.6113 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: VT Insurance Exam Registration
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