

Continuing Education Exemption Request
Age 65 **AND** 20 Years Licensed
For Virginia Resident Agents Only

Please Print or Type

Name		Date of Birth (mm/dd/yy) ____/____/____																																								
Virginia Agent Identification Number (SS# or VA DMV #) ____-____-____		Are you a Virginia <u>Resident</u> Agent? <input type="radio"/> Yes <input type="radio"/> No If you are <u>not</u> a Virginia resident agent, do not use this form. Please use the Age 65 and 20 Years Licensed Exemption Request form for Virginia Nonresident Agents Only.																																								
Business Phone Number (area code) (____) ____-____	Residence Phone Number (area code) (____) ____-____	Fax Number (area code) (____) ____-____																																								
License Type(s) (check <u>all</u> that apply)	How many years have you held each Virginia license checked in the box to the left?	How many years and in which other state(s) have you held each checked in the box to the left?																																								
<input type="checkbox"/> Life & Annuities _____ <input type="checkbox"/> Health _____ <input type="checkbox"/> Property/Casualty _____ <input type="checkbox"/> Personal Lines _____ <input type="checkbox"/> Title _____ <input type="checkbox"/> Life/Health Consultant _____ <input type="checkbox"/> P/C Consultant _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;"># of yrs</th> </tr> </thead> <tbody> <tr><td>Life & Annuities</td><td style="text-align: center;">_____</td></tr> <tr><td>Health</td><td style="text-align: center;">_____</td></tr> <tr><td>Property/Casualty</td><td style="text-align: center;">_____</td></tr> <tr><td>Personal Lines</td><td style="text-align: center;">_____</td></tr> <tr><td>Title</td><td style="text-align: center;">_____</td></tr> <tr><td>Life/Health Consultant</td><td style="text-align: center;">_____</td></tr> <tr><td>P/C Consultant</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		# of yrs	Life & Annuities	_____	Health	_____	Property/Casualty	_____	Personal Lines	_____	Title	_____	Life/Health Consultant	_____	P/C Consultant	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"># of yrs</th> <th style="width: 20%; text-align: center;">State</th> </tr> </thead> <tbody> <tr><td>Life & Annuities</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Health</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Property/Casualty</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Personal Lines</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Title</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Life/Health Consultant</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>P/C Consultant</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		# of yrs	State	Life & Annuities	_____	_____	Health	_____	_____	Property/Casualty	_____	_____	Personal Lines	_____	_____	Title	_____	_____	Life/Health Consultant	_____	_____	P/C Consultant	_____	_____
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Fee: SUBMIT WITH A NONREFUNDABLE \$15 PROCESSING FEE. Refunds are *not* issued if an exemption request is denied.

Make checks or money orders payable to Prometric.

To establish proof of age:

Submit a photocopy of your birth certificate, driver's license or a state-issued identification card.

To establish proof of 20 years' licensing:

Note: Those converted from the Life & Health license to the two separate Life & Annuities and Health licenses on September 2, 2002 will, when asking the Bureau of insurance for proof of continuous licensing, be treated as if both licenses had been in effect for the entire period that the agent was continuously licensed under the previous Life & Health license.

Virginia resident agents must meet at least one of these conditions:

- You must have held a Virginia license (whether resident, nonresident, or a combination of the two) of a type equivalent to the license for which you seek exemption for **20 continuous and uninterrupted years immediately preceding the end of the biennium**; OR
- You must have held the same license continuously and without interruption as a Virginia resident for at least the four years immediately preceding the end of the biennium **AND** have been continuously licensed without interruption with an equivalent license in any state(s) for an additional 16 years, for a **total of 20 years of continuous and uninterrupted licensing**; OR
- You must have held the same license as a Virginia resident agent **continuously and without interruption for a least the four years immediately preceding the end of the biennium AND** have held the equivalent license authority in Virginia for **at least 20 of the preceding 30 years**. Further, you will not be eligible for this exemption if any unlicensed period was the result of a license revocation for cause or a license termination for prior noncompliance with continuing education requirements.

To request proof of continuous Virginia licensing, contact:

Bureau of Insurance, Agents Licensing Section, P.O. Box 1157, Richmond, VA 23218

If you are eligible, you will receive a letter on official State Corporation Commission, Bureau of Insurance letterhead, signed by an official of the Bureau of Insurance. If you don't have at least 20 years of Virginia licensing in the preceding 30 years, you must also apply, in writing, for a letter of clearance or certification to the other state(s) in which you have held equivalent license(s) continuously for a period that, when combined with the current VA resident licensure, totals at least 20 years. The other state(s) should supply you with proof of the number of years of continuous licensure in their state(s).

You must then submit the original letter from the Bureau and any other original letters of clearance or certification from other state(s), along with this completed form and the nonrefundable \$15 processing fee to Prometric, at:

Prometric, Attn: Virginia CE Exemption, 1260 Energy Lane, St. Paul, MN 55108-5225

I certify that I have or will have attained the age of 65 by the end of the current biennium and that the above information is true and correct to the best of my knowledge.

Signature _____

Date _____

Card Type (Circle) MC Visa Amex	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder