



# Exam Registration Form for Pennsylvania Insurance Examinations

Last Name	First Name	Middle Name	Social Security Number
Residence Address (Your address of legal residence is required)			
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) (      )

This form is Page 43 of the Pennsylvania Licensing and Examination Information Booklet. We recommend you read the entire Booklet.

Series	Exam Title	Exam Fee	Total
16-01	Producer's Life Insurance	\$44	\$
16-02	Producer's Accident and Health Insurance	\$44	\$
16-03	Producer's Life, Accident and Health	\$55	\$
16-04	Producer's Property Insurance	\$44	\$
16-05	Producer's Casualty Insurance	\$44	\$
16-06	Producer's Property and Casualty Insurance	\$55	\$
16-09	Producer's Surplus Lines Insurance	\$44	\$
16-10	Agent's Title Insurance	\$44	\$
16-15	Appraiser's Motor Vehicle Physical Damage	\$89	\$
16-16	Producer's Personal Lines Insurance	\$44	\$
16-17	Viatical Settlement Broker	\$44	\$
16-18	Public Adjuster Solicitor	\$44	\$
16-19	Public Adjuster	\$44	
<b>Fingerprint Processing Fee</b>		<b>\$20</b>	<b>\$20</b>
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 <i>before</i> you register. Exam fees are valid for 90 days from receipt at Prometric.			<b>Total Fee</b> \$

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.** Testing fees are determined by the Commonwealth of Pennsylvania and are subject to contractual change without notice. To pay by credit card, please complete the information below. Register by visiting our Web site at [www.prometric.com/pennsylvania](http://www.prometric.com/pennsylvania), calling 800.715.2418 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: PA 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