



Request for Duplicate Louisiana Insurance Photo License



Please use this form to obtain a duplicate Louisiana Insurance photo license. You may pay by cashier's check, company check or money order. Personal checks are not accepted. You may also pay with Visa or MasterCard, by calling 800.871.6457, from 7 a.m. to 8 p.m. Central time, Monday through Friday.

The fee for a duplicate photo license is \$30 per license type. If you took an insurance exam within the past six months, you are not required to have another photo taken, and the duplicate license will be produced with the photo on record. If you have not taken an insurance exam within the last six months, please allow four to eight days mailing and processing time. You may then call the number above to schedule an appointment for your photo to be taken.

Please complete the following information. Check this box if any information has changed.

Social Security Number - -		Date / /	
Last Name	Suffix (Jr. Sr., III, etc.)	First Name	Middle Name
Residence Address			
Residence City		Residence State	Residence ZIP Code
Daytime Phone Number () -	Evening Phone Number () -	Fax Phone Number () -	

Please indicate the license type(s) for which you want a duplicate:

Producer	<input type="checkbox"/> Life <input type="checkbox"/> Health & Accident <input type="checkbox"/> Life, Health & Accident <input type="checkbox"/> Property (Fire) <input type="checkbox"/> Casualty <input type="checkbox"/> Property & Casualty <input type="checkbox"/> Bail Bond	<input type="checkbox"/> Fidelity and Surety <input type="checkbox"/> Industrial Fire <input type="checkbox"/> Personal Lines <input type="checkbox"/> Surplus Lines Broker <input type="checkbox"/> Title <input type="checkbox"/> Vehicle Physical Damage	<input type="checkbox"/> Managing General Agent <input type="checkbox"/> Third-Party Administrator <input type="checkbox"/> Professional Employer Organization <input type="checkbox"/> Specialty Limited Lines Credit <input type="checkbox"/> Variable Annuity Contracts <input type="checkbox"/> Industrial Life, Health & Accident	<input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Health & Accident <input type="checkbox"/> Travel Health & Accident <input type="checkbox"/> Baggage <input type="checkbox"/> Auto Club <input type="checkbox"/> Credit Property and Casualty	\$30
Total Enclosed					

Please indicate reason(s) for requesting a duplicate license:

- My original license has been lost.
- My name and/or address has changed. Please return your permanent license with this form.
- I want to have a photo license.

_____ Date

_____ Signature

Duplicate license fees are valid for six months from the date processed. If a photo is not obtained during that six months, the fees are forfeited and new fees would be required to produce a duplicate license. Mail completed request and fees to:

**Prometric
ATTN: LA INS Program
1260 Energy Lane
St. Paul, MN 55108**