



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) ()
Name of Your Pre-licensing Education Course Provider			Pre-licensing Course Completion Date

This form is Page 29 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	\$39	\$
16-02	Producer's Accident and Health Insurance	\$39	\$
16-03	Producer's Life, Accident and Health Insurance	\$49	\$
16-04	Producer's Property Insurance	\$39	\$
16-05	Producer's Casualty Insurance	\$39	\$
16-06	Producer's Property and Casualty Insurance	\$49	\$
16-09	Producer's Surplus Lines Insurance	\$39	\$
16-10	Agent's Title Insurance	\$39	\$
16-16	Producer's Personal Lines	\$39	\$
16-17	Viatical Settlement Brokers	\$39	\$
16-18	Public Adjuster Solicitor	\$39	\$
16-19	Public Adjuster	\$39	\$
	Fingerprint Processing Fee	\$19	\$19
	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.	Total Fee	\$

Fee may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. **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, 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