



Exam Registration Form

for South Dakota Insurance Examinations

Last Name	First Name	Middle Initial	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) ()

This form is Page 19 of the South Dakota Licensing Information Bulletin. We recommend you read the entire Bulletin.

Series	Exam Title	Exam Fee	Total
10-41	Producer's Exam for Life Insurance	\$89	\$
10-42	Producer's Exam for Accident and Health or Sickness Insurance	\$89	\$
10-43	Producer's Exam for Property Insurance	\$89	\$
10-44	Producer's Exam for Casualty Insurance	\$89	\$
10-45	Producer's Exam for Life, Accident and Health or Sickness Insurance	\$109	\$
10-46	Producer's Exam for Property & Casualty (Commercial Lines) Insurance*	\$109	\$
10-49	Exam for Bail Bonds	\$89	\$
10-50	Producer's Exam for Crop Insurance	\$89	\$
10-53	Producer's Exam for Personal Lines Insurance	\$89	\$
Mandatory State Testing Fee (Per Examination)		\$10	
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	\$

**This exam includes the authority to sell Personal Lines Insurance.*

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. Exam fees are not refundable.** Testing fees are determined by the State of South Dakota 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/southdakota, calling 800.864.8373 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: SD 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