

# Exam Registration Form

## Vermont Insurance Examinations



*To conveniently register online, please go to [www.prometric.com/vermont/insurance](http://www.prometric.com/vermont/insurance)*

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Last Name		First Name		Middle Name	
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 (applications without an email address may experience delays)					Fax Number (including area code) ( )

Series	Examination Title	Examination Fee	Total
14-25	Producer's Life	\$50	\$
14-27	Producer's Accident and Health or Sickness	\$50	\$
14-29	Producer's Life, Accident and Health or Sickness	\$65	\$
14-31	Producer's Property and Casualty	\$65	\$
14-33	Adjuster's Property and Casualty	\$65	\$
14-34	Adjuster's Workers' Compensation	\$50	\$
14-35	Bail Bond	\$50	\$
14-37	Motor Vehicle Damage Appraiser	\$50	\$
14-38	Agent's Title	\$50	\$
14-39	Personal Lines	\$50	\$
14-41	Producer's Property	\$50	\$
14-42	Producer's Casualty	\$50	\$
		<b>Total Fee</b>	<b>\$</b>

By filing this registration, you assume full responsibility for exam selection. If you are unsure about which exam you need for the license you are seeking, resolve this question **before** you register. Fees for these exams are non-refundable and non-transferrable. Exam fees are valid for 90 days from receipt at Prometric.

Please allow 7-10 business days for receipt and processing of your application. **An authorized Prometric Client Service Representative will contact you by phone to obtain your social security number to complete the registration process.** Once you have registered for your exam, you can schedule your exam appointment online or by phone.

**Registration fees are not refundable.** Fees may be paid by cashier's check, company check, money order, MasterCard, Visa or American Express. Make company checks, cashier's checks and money orders payable to Prometric. Please put your phone number on the check. **Personal checks and cash are not accepted.** To pay by **credit card** (when registering by mail or fax), please complete the Credit Card Payment Form on the next page and fax to 800.347.9242, or send this completed form along with the appropriate fee to:

**Prometric**  
**ATTN: VT Insurance Examination Registration**  
**7941 Corporate Drive,**  
**Nottingham, MD 21236**

# Credit Card Payment Form



Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Card Type (Check One)

MasterCard     Visa     American Express

Card Number	Expiration Date
Amount  \$ ____ ____ ____ . ____ ____	
Name of Cardholder (Print)	
Signature of Cardholder	