

Exam Registration Form Nebraska Insurance Examinations

To conveniently register online, please go to www.prometric.com/nebraska/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
Employer (insurance company, if known)		Email Address (applications without an email address may experience delays)
Daytime Phone Number (including area code) ()		Fax Number (including area code) ()
Evening Phone Number (including area code) ()		

Series	Exam Title	Exam Fee	Total
13-01	Producer's Life and Annuities	\$45	\$
13-02	Producer's Accident and Health or Sickness	\$45	\$
13-03	Producer's Life and Annuities; Accident and Health or Sickness	\$49	\$
13-04	Producer's Property and Casualty	\$49	\$
13-07	Consultant's Life and Annuities; Accident and Health or Sickness	\$49	\$
13-08	Consultant's Property and Casualty	\$49	\$
13-09	Producer's Crop	\$45	\$
13-10	Public Adjuster	\$45	\$
13-13	Producer's Motor Club	\$45	\$
13-16	Producer's Title	\$45	\$
13-21	Producer's Personal Lines	\$45	\$
13-22	Producer's Property	\$45	\$
13-23	Producer's Casualty	\$45	\$
13-24	Producer's Funeral Insurance	\$45	\$
13-26	Viatical Insurance	\$45	\$
		Total Fee	\$

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 MasterCard, Visa or American Express. **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: NE Insurance Program
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	