



Examination Registration Form

for Vermont Insurance Examinations

Last Name	First Name	Middle Name	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) ()

*For further information regarding Social Security number disclosure, please see Page 27 of this bulletin.
 This form is Page 31 of the Vermont Licensing Information Bulletin. We recommend you read the entire bulletin.

Series	Examination Title	Examination Fee	Total
14-25	Producer's Life	\$73	\$
14-27	Producer's Accident, Health and HMO	\$73	\$
14-29	Producer's Life, Accident, Health and HMO	\$87	\$
14-31	Producer's Property and Casualty	\$87	\$
14-33	Adjuster's Property and Casualty	\$87	\$
14-34	Adjuster's Workers' Compensation	\$73	\$
14-35	Bail Bond	\$73	\$
14-37	Motor Vehicle Damage Appraiser	\$73	\$
14-38	Agent's Title	\$73	\$
14-39	Personal Lines	\$73	\$
14-41	Producer's Property	\$73	\$
14-42	Producer's Casualty	\$73	\$
		Total Fees	\$

By filing this registration, you assume full responsibility for examination selection. Fees for these examinations are not refundable and not transferable. If you are unsure which examination is needed for the license you are seeking, resolve this question **before** you register. Examination fees are valid for 90 days from receipt at Prometric.

Fee may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. Please put your phone number on the check. **Personal checks and cash are not accepted. Registration fees are not refundable.** To pay by credit card, please complete the information below. Register online at www.prometric.com/vermont, by calling 800.868.6113 or by faxing this completed form to 800.347.9242. To register by mail, send this completed form along with the appropriate fee to:

Prometric, ATTN: VT Insurance Examination 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