



Department of Business and Industry

Nevada Division of Insurance

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Continuing Education Exemption Request Form

I, _____ certify that, pursuant to [NAC 683A.330\(2\)](#), I qualify for an exemption from the requirements of continuing education for the following reason:

1. _____ I have earned and continue to maintain the following designation(s): **(Provide a photocopy of your current certificate or proof of current designation.)**

_____ Chartered Property Casualty Underwriter (CPCU)

_____ Chartered Life Underwriter (CLU)

_____ Certified Insurance Counselor (CIC)

_____ Chartered Financial Consultant (ChFC)

_____ Certified Financial Planner (CFP)

2. _____ I have a total of _____ years continuous experience, as my primary source of income, in the field of insurance in adjusting, underwriting, marketing, selling, practicing law, managing or regulating or any combination of these fields. **(Provide documentation – 20 years minimum.)**

Licensee's Name (Print)

Licensee's Signature

Date

Nevada License Number

Return this completed form and required documentation to Renewal.Desk@doi.nv.gov.