



Nevada Division of Insurance

Exemption from Continuing Education Regulation

I, _____ certify that I qualify for an exemption from the Nevada Continuing Education regulation for the following reason:

1. _____ I have been **continuously** licensed as an insurance agent/producer, as my primary source of income, for a total of _____ years. **(Provide documentation- 20 years minimum)**

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 year's minimum)**

3. _____ I have earned and continue to maintain the following designation(s):
(Provide a photocopy of your certificate)

- _____ Chartered Property Casualty Underwriter (CPCU)
- _____ Chartered Life Underwriter (CLU)
- _____ Certified Insurance Counselor (CIC)
- _____ Chartered Financial Consultant (ChFC)
- _____ Certified Financial Planner (CFP)

Producers Name (Print)

Producers Signature

Date

Nevada License Number: _____

National Producer Number: _____

Division Use Only: Verified _____ Approved _____ Disapproved _____ Date _____

DOI Staff : _____ Copy to Producer on : _____