

APPLICATION FOR CERTIFICATION

To receive certification for this course you must sign all items checked and fax or scan to:
770-702-7914 or confirmation@acceducation.com

✓ MUST COMPLETE ALL ITEMS CHECKED

✓ Course Name: _____

✓ Name of Student: _____

✓ _____

Signature of Student Taking Exam

Insurance License# _____

AFFIDAVIT BY EXAM MONITOR OF EXAM COMPLETION

To Be Completed by a Competent Disinterested 3rd Party of Your Choice

I acknowledge the Final Exam taken by the above-named student was completed by him/her personally without assistance.

✓ _____

Signature of Person Adminstrating the Exam

Print Name Here

TYPE OF SERVICE – please circle one

- Express – Same day certification and same day submission to State. Please provide your credit card number with expiration
- Standard – 2 to 3 business day to process

For Express Grading, Provide your credit card #: _____ (MMYY): _____

INSURANCE AGENTS

We **are not** responsible for renewing your license with the state. Renewal is done on your birth month at the following locations based on state you are licensed in:

Georgia & Mississippi: www.sircon.com

Alabama: <https://sbs-al.naic.org/Lion-Web/jsp/ext/login/launch.jsp?dswid=-3457>

Tennessee: <https://sbs-tn.naic.org/Lion-Web/jsp/ext/login/launch.jsp?dswid=-1297>

A Center For Continuing Education

707 Whitlock Avenue SW • C-27 • Marietta, Georgia 30064

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