

APPLICATION FOR CERTIFICATION – FOR INSURANCE ONLY

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# _____

NPN# _____

AFFIDAVIT BY EXAM MONITOR OF EXAM COMPLETION

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

****FILL OUT THE EXAM MONITOR PORTION IF YOUR INSURANCE STATE
REQUIRES****

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:

No. _____ (MMYY): _____ Security Code: _____

INSURANCE AGENTS

We are not responsible for renewing your license with the state.

A Center For Continuing Education

2550 Sandy Plains Road • Suite 225-138 • Marietta, Georgia 30066
Phone: 770.702.7917 • Toll 800.344.1921 • Fax 770.702.7914 • www.acceducation.com