## **Request for Continuing Education Exemption**

## **Guam Resident Licenses Only:**

| Please print or type:  |   |   |
|--|---|---|
| Applicant Name   | :   |   |
| Lines of Authori   | ty:   | License Number:   |
| Residence Addre  | ess:  |   |
| Email:   |   | Phone:  |
| Education based in the business o <i>Law No. 36-92</i> § applicable licens                                     | on the requirements that I at f insurance for 25 years, AN 2111. Continuing Education of a renewals and payment of a              | , hereby request to be declared exempt from Continuing a 55 years of age or older, have been <i>continuously</i> licensed* O in good standing with the Insurance Commissioner. ( <i>Public m Exemption</i> ). I am responsible for timely filing all l applicable license fees. A copy of my driver's license or a is attached as verification of age.                                |
| Applica  | ant (Print Name and Signature)  | Date  |
| form in person to<br>to submit, the ag<br>form must be sul<br>30 <sup>th</sup> ). *This con<br>Broker, or Gene | the Insurance, Securities, E<br>ent must give authorization to<br>bmitted along with all other a<br>stitutes being licensed as an | of each renewal year. The agent must physically submit the anking & Real Estate (ISBRE) Branch. If the agent is unable to the person who will be submitting the form. The approved equirements during renewal period (May 1 <sup>st</sup> through June insurance Producer, Adjuster, Broker, Surplus Lines of insurance will be considered for exemption such as insurance companies. |
| Insurance Secu   | rities and Banking Section  |   |
| Approved □ D   | enied   |   |
| Reason for denial: _   |   |   |
| Reviewed by:   | Regulatory Examiner   | Stamp #:  |
| Approved by:   |   | Date:nistrator  |

Form: CE-Exempt2018/Revised 6/2022/Revised 2/2023