



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

LOURDES A. LEON GUERRERO, Governor Maga'hága
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'láhi

DAFNE MANSAPIT-SHIMIZU, Director Direktot
MICHELE B. SANTOS, Deputy Director Sigundo Direktot

Request for Continuing Education Exemption

Guam Resident Licenses Only:

Please print or type:

Name: _____

Lines of Authority: _____ License Number: _____

Residence Address: _____

Email: _____ Telephone: _____

This is to certify that I wish to be declared exempt from continuing education based on the requirements that I am 65 years of age or more **AND** that I have been in the insurance business* for 25 years or more. I am responsible for timely filing all applicable license renewals and payment of all applicable license fees. I also must be in good standing with the Insurance Commissioner for 25 years. A copy of my driver's license or acceptable identification with my date of birth is attached as verification of age.

The deadline to submit this form is 30th of April each renewal year.

The agent must physically submit the form in person to the Department of Insurance Securities and Banking Branch. If the agent is unable to submit, the agent must give authorization to the person who will be submitting the form. The approved form must be submitted along with all other requirements during renewal period (May 1 through June 30)

***This constitutes being licensed as an insurance Producer, Adjuster, Broker, Surplus Lines Broker, or General Agent. No other business of insurance will be considered for exemption such as previous affiliation or employment with any insurance companies.**

Insurance Securities and Banking Section:

Approved ☐ Denied ☐

Reason for denial:

Reviewed by: _____ Stamp #: _____
Regulatory Examiner

Approved by: _____ Date: _____
Regulatory Examiner Supervisor

Form: CE-Exempt2018