



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'låhi  
RAY TENORIO, Lt. Governor Tifente Gubetnadot

JOHN P. CAMACHO, Director  
Direktot  
MARIE M. BENITO, Deputy Director  
Sigundo Direktot

## Request for Continuing Education Exemption

### Guam Resident Licensees 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 30<sup>th</sup> 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).

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### Insurance Securities and Banking Section:

Approved  Denied

Reason for denial: \_\_\_\_\_

Reviewed by : \_\_\_\_\_ Stamp #: \_\_\_\_\_  
Regulatory Examiner

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Regulatory Examiner Supervisor

Form: CE-Exempt2018