

# North Carolina Department of Insurance

## Examination Admission Ticket



The **Examination Admission Ticket** is divided into three (3) sections. The first section, to be completed by all candidates, requests that the candidates fill in their name, signature and examination date.

*Section I and Section II* are to be completed as follows:

- *Section I* is to be completed by candidates taking an examination requiring prelicensing education (Life, Accident, Health and Sickness, Property, Casualty, Personal Lines, and Medicare Supplement/Long-Term Care). The prelicensing provider is responsible for entering the **correct** school number, course completion date, and name of the school, and for indicating the course completed. The instructor must sign and date the form in the appropriate spaces.
- *Section II* is to be completed by candidates taking an exam not requiring prelicensing education (all adjusters, Auto Physical Damage and Title & Surplus Lines agents).

NAME OF APPLICANT

APPLICANT SIGNATURE

SCHEDULED EXAM DATE *(Record at time of exam registration)*

**CANDIDATES MUST FILL OUT EITHER SECTION I OR II (see above for details)**

**COMPLETE THIS SECTION IF YOU REQUIRE PRELICENSING EDUCATION**

### SECTION I. CANDIDATES REQUIRING PRELICENSING EDUCATION

LICENSE AND COURSE COMPLETED	EXAMINATION	CLASSROOM	CORRESPONDENCE
<input type="checkbox"/> Life	01 Life Agent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Accident and Health or Sickness	02 Accident and Health or Sickness Agent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Property	04 Property Agent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Casualty	05 Casualty Agent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medicare Supplement/Long-Term Care	21 Medicare Supplement/Long-Term Care Agent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Lines	12 Personal Lines Agent	<input type="checkbox"/>	<input type="checkbox"/>

NAME OF SCHOOL

SCHOOL NUMBER

COURSE COMPLETION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ + 90 CALENDAR DAYS = LAST AVAILABLE EXAM DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CALCULATE THE LAST DAY YOU ARE ELIGIBLE TO TAKE YOUR EXAM AFTER COMPLETING YOUR PRELICENSING EDUCATION**

Please note that the 90 days begins ON THE SAME DAY of your course completion date.

**EXAMPLE:** If you finished your course on 1/1/16, the 90 days would begin on 1/1/16 and the last available exam date would be 3/31/16.

Online tools such as <http://www.timeanddate.com/date/dateadd.html> can help you calculate the last available exam date.

DATE

INSTRUCTOR NAME *(print)*

INSTRUCTOR SIGNATURE

**COMPLETE THIS SECTION IF YOU DO NOT REQUIRE PRELICENSING EDUCATION**

### SECTION II. CANDIDATES NOT REQUIRING PRELICENSING EDUCATION

LICENSE	EXAMINATION
<input type="checkbox"/> Company/Independent Firm Adjuster	26 Company Independent Adjuster
<input type="checkbox"/> Hail Adjuster	41 Hail Adjuster
<input type="checkbox"/> Self-Employed Adjuster	30 Self-Employed Adjuster
<input type="checkbox"/> Public Adjuster	36 Public Adjuster
<input type="checkbox"/> Auto Physical Damage	16 Auto Physical Damage Agent
<input type="checkbox"/> Title	46 Title Agent
<input type="checkbox"/> Surplus Lines	60 Surplus Lines Agent