

North Carolina Department of Insurance



NC DEPARTMENT
of INSURANCE
MIKE CAUSEY, COMMISSIONER

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"/> Adjuster	26 Adjuster
<input type="checkbox"/> Hail Adjuster	41 Hail 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