



**Department of Consumer & Business Services**  
**Division of Financial Regulation — 3**  
 P.O. Box 14480, Salem, Oregon 97309-0405  
 350 Winter St. NE, Salem, Oregon 97301-3883  
 Phone: 503-947-7981 Fax: 503-378-4351  
 dfr.oregon.gov

**Pre-examination  
 Training Exemption  
 Request**

Name of applicant: \_\_\_\_\_ License/NPN No. \_\_\_\_\_

Address: \_\_\_\_\_  
 Street or P.O. Box

City State ZIP

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Indicate which of the following exempts you from the pre-examination training requirement:

- Experience as an unlicensed person in an insurance agency or insurance company for three years, providing any part of the experience occurred within two years of the date of application.
- Three years' experience as a licensed resident agent or broker in another state or Canada, if licensed within two years of the date of application in Oregon. (Verification from your home state insurance department needs to indicate all the years licensed.)
- Successful completion of an industry-recognized designation.
- A combination of any of the above that totals three years' experience.

Indicate which lines of authority you believe the exemption applies to:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Life          | <input type="checkbox"/> Health         | <input type="checkbox"/> Property      |
| <input type="checkbox"/> Casualty      | <input type="checkbox"/> Personal lines | <input type="checkbox"/> Surplus lines |
| <input type="checkbox"/> Variable life | <input type="checkbox"/> Credit         | <input type="checkbox"/> Crop          |
| <input type="checkbox"/> Surety        | <input type="checkbox"/> Title          | <input type="checkbox"/> Trip travel   |

This is to certify that I, \_\_\_\_\_, swear that I am the person named in and who signed the foregoing request, and that I have attached verification substantiating my experience indicated above.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

