



**Department of Consumer & Business Services**  
**Division of Financial Regulation— 3**  
 P.O. Box 14480, Salem, OR 97309-0405  
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 350 Winter St. NE, Salem, OR 97301-3883  
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 dfr.oregon.gov

**Continuing-Education  
Proctor Registration**

If you will be proctoring examinations as an individual or under a business name, such as that of an insurance company or continuing-education school, provide the following:

Proctor name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last name First name Middle name

Address: \_\_\_\_\_ CE provider no.: \_\_\_\_\_  
Address State ZIP

- List all locations where exams will be proctored; include complete physical address and a phone number for each location. Attach additional sheets, if necessary.

Exam location	Address	Phone
_____	_____	_____
Exam location	Address	Phone
_____	_____	_____
Exam location	Address	Phone
_____	_____	_____
Exam location	Address	Phone
_____	_____	_____

- If registering under a business name, list all those who will serve as proctors. Each proctor must complete a proctor certification form and submit it with this registration form. Attach additional sheets, if necessary. Assumed business names must be registered with the Office of Secretary of State, Corporation Division.

Proctor name	Proctor name
_____	_____
Proctor name	Proctor name
_____	_____
Proctor name	Proctor name
_____	_____
Proctor name	Proctor name
_____	_____

- Will you charge a fee for this service?  Yes  No
- If "Yes," what is the fee? \_\_\_\_\_
- Will you offer this service to all agents, regardless of whose course they are taking?  Yes  No
- If "No," who will you be proctoring examinations for? \_\_\_\_\_

**You must notify the division in writing of any change in the above information.**

**FOR DIVISION OF FINANCIAL REGULATION USE ONLY**

Proctor registration number \_\_\_\_\_ . This number must be listed on the proctor affidavit.

Signature: \_\_\_\_\_  
Oregon Insurance Division

