



Department of Consumer & Business Services
Division of Financial Regulation— 3
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**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

