



Department of Consumer & Business Services

Oregon Insurance Division — 3

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Phone: 503-947-7981 Fax: 503-378-4351
www.insurance.oregon.gov

**Pre-examination
Training Exemption
Request**

Name of applicant: _____

Address: _____
Street or P.O. Box

City

State

ZIP

Phone: _____ - _____ - _____ E-mail address: _____

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

- Experience as an unlicensed person in an insurance agency and/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.

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