



Department of Consumer & Business Services

Insurance Division — 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: Last name First name Middle name Phone:

Address: Address State ZIP CE provider no.:

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

Table with 3 columns: Exam location, Address, Phone. Multiple rows for listing exam locations.

- 2. 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.

Table with 2 columns: Proctor name. Multiple rows for listing proctors.

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

You must notify the Insurance Division in writing of any change in the above information.

FOR INSURANCE DIVISION USE ONLY

Proctor registration number . This number must be listed on the proctor affidavit.
Signature: Oregon Insurance Division