



**Department of Consumer & Business Services**  
**Oregon Insurance Division — 3**  
P.O. Box 14480, Salem, Oregon 97309-0405  
350 Winter St. NE, Room 440 Salem, Oregon 97301-3883  
Phone: (503) 947-7981 Fax: (503) 378-4351  
www.insurance.oregon.gov

<p><b>Pre-examination Training Exemption Request</b></p>
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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 \_\_\_\_\_

