



# Exam Scheduling Form

## for Oregon Insurance Examinations

Last Name	First Name	Middle Name	Social Security Number
Residence Address (Your address of legal residence is required)			Date of Birth
City	State	ZIP Code	Daytime Phone Number (including area code) (      )
Employer (insurance company, if known)			Evening Phone Number (including area code) (      )
E-mail address			Fax Number (including area code) (      )

This form is Page 59 of the Oregon Licensing Information Bulletin. We recommend you read the entire Bulletin.

Series	Exam Title	Exam Fee	Total
12-01	Life Insurance Agent	\$55	\$
12-02	Health Insurance Agent	\$55	\$
12-03	Life and Health Insurance Agent	\$65	\$
12-04	Property and Casualty Insurance Agent	\$65	\$
12-05	Surplus Lines Insurance Agent	\$55	\$
12-06	Health Insurance Adjuster	\$55	\$
12-07	General Lines Insurance Adjuster	\$55	\$
12-08	Life Insurance Consultant	\$55	\$
12-09	Health Insurance Consultant	\$55	\$
12-10	Life and Health Insurance Consultant	\$55	\$
12-11	General Lines Insurance Consultant	\$55	\$
12-12	Property Insurance Agent	\$55	\$
12-13	Casualty Insurance Agent	\$55	\$
12-14	Personal Lines Agent	\$55	
By filing this registration, you assume full responsibility for exam selection. Fees for these exams are not refundable and not transferable. If you are unsure which exam is needed for the license you are seeking, resolve this question <b>before</b> you register. Exam fees are valid for 90 days from receipt at Prometric.		<b>Total Fee</b>	<b>\$</b>

Fee may be paid by cashier's check, company check, money order, MasterCard, Visa or American Express. Make checks payable to Prometric. Please put your Social Security number on the check. **Personal checks and cash are not accepted. Registration fees are not refundable.** To pay by credit card, please complete the information below. Register by visiting our Web site at [www.prometric.com/oregon](http://www.prometric.com/oregon), calling 888.763.0135 or faxing this completed form to 800.347.9242. To register by mail, send this completed form along with the appropriate fee to:

**Prometric, ATTN: OR Insurance Exam Registration**  
**1260 Energy Lane, St. Paul, MN 55108**

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder