John R. Kasich – Governor Mary Taylor – Lt. Governor/Director





## Pre-Licensing Education Student Registration Form

Provider Name:		Provider ID#: 1451
Advantage Education Group, LLC. COURSE TYPE:		1431
Life Property	Property Personal	
Accident & Health Casualty Surety Bail Bond		
Location of Classroom Course:	Dates/Hours:	Instructor(s):
Study Materials:      (A) Textbook Title:        Author & Edition:		
School Fees:      Tuition \$      Study Material \$      Other \$        Explanation of other fees      see vendor site for fees and refund policy      Please note the school tuition and fee refund policy is attached.		
Authorized Provider Personnel Signature    Date      James A. Trivisonno CLU,ChFC, LUTCF    Director      Provider Personnel Name (Print or type)    Title		
TO BE COMPLETED BY STUDENT AT TIME OF REGISTRATION – Signature Required (Please Print)		
Name:   SSN (Last 4 Digits):		
Signature: Date:		
Address:		
Telephone Number: ()		

THE PROVIDER MUST PROVIDE A COPY OF THE COMPLETED FORM TO THE STUDENT. THE PROVIDER MUST MAINTAIN ORIGINAL REGISTRATION FORM FOR 4 YEARS.