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





## Pre-Licensing Education Student Registration Form

| Provider Name:  |                   | Provider ID#:<br>1451 |
|---|-------------------|-----------------------|
| Advantage Education Group, LLC.<br>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<br>(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.