



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

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AGENTS LICENSING

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CERTIFICATE OF EDUCATION COMPLETION

NAME OF APPLICANT: _____

RESIDENCE ADDRESS: _____

CITY, STATE AND ZIP: _____

NAME OF APPROVED SCHOOL: _____

NAME OF APPROVED COURSE: _____

NAME OF INSTRUCTOR(S): _____

CLASSROOM LOCATION: _____

STREET ADDRESS: _____

BUILDING/SUITE NAME: _____

CITY, STATE AND ZIP: _____

CLASS START DATE: _____ CLASS COMPLETION DATE: _____

COURSE PROVIDER NUMBER: _____ COURSE NUMBER: _____

THIS CERTIFIES THAT THE ABOVE NAMED APPLICANT HAS COMPLETED THE ABOVE APPROVED INSURANCE COURSE AS APPROVED BY THE GEORGIA INSURANCE DEPARTMENT, TAUGHT BY APPROVED INSTRUCTORS AND IN COMPLIANCE WITH ALL DEPARTMENT RULES.

CONTINUING EDUCATION HOURS EARNED: _____

PRE-LICENSING EDUCATION HOURS EARNED: _____

SIGNATURE OF APPLICANT _____ DATED _____

SIGNATURE OF APPROVED INSTRUCTOR _____ DATED _____