KENTUCKY DEPARTMENT OF INSURANCE
DIVISION OF AGENT LICENSING
P.O. Box 517
Frankfort, Kentucky 40602-0517
Phone 502-564-6004
http://insurance.ky.gov

EXAMINATION RETAKE FORM

<table>
<thead>
<tr>
<th>KY DOI#</th>
<th>Telephone Number</th>
<th>Date</th>
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Last Name  Include JR./SR. etc | First Name | Middle Name |

Mailing Address | P.O. Box | City | State | Zip Code |

IF YOU FAILED AN EXAM – Please be aware that the expiration date of application as shown on your original notice will always be the same until your application becomes invalid 120 days from the date it was received by the Department of Insurance.

IF YOU DID NOT SHOW UP TO TAKE A SCHEDULED EXAM – KRS 304.9-160(4) requires you to pay retake fees as indicated below, if you fail to appear for a scheduled exam.

THE RETAKE FEE IS $50 PER EXAMINATION – (IF REQUESTING PROPERTY AND CASUALTY EXAMS AT THE SAME TIME, THE EXAM FEE IS $50 TOTAL.) You may pay for retake and schedule an examination online using eServices. Log onto our web site at http://insurance.ky.gov and click on the eServices button. Or, complete this form and attach your check or money order (payable to the Kentucky State Treasurer) to cover the retake cost for the following exam(s). This Examination Retake Form and your check or money order should be mailed to the address indicated above. Fees are nonrefundable, pursuant to KRS 304.9-200(4).

_____ Life  _____ Adjuster  _____ Crop Agent
_____ Health  _____ Life Settlement Broker w/Life  _____ Crop Adjuster
_____ Property  _____ Consultant (Life / Health)  _____ Workers’ Comp Adjuster
_____ Casualty  _____ Consultant (Property / Casualty)  
_____ Personal Lines

EXAMINATION LOCATIONS
Visit our website for a list of regional sites, locations, dates, and times. Requests for testing at a regional test site must be made at least 1 day prior to the examination date and must be scheduled by calling Agent Licensing or scheduling through eServices. WALK-INS WILL NOT BE ALLOWED TO TEST WITHOUT A SCHEDULED APPOINTMENT.

DO NOT SUBMIT THIS FORM IF YOUR EXPIRATION DATE HAS PASSED OR WILL PASS PRIOR TO DOI PROCESSING THIS FORM.

Contact the Division of Agent Licensing with any questions at DOI.AgentLicensingMail@ky.gov, or call (502) 564-6004.