

**KENTUCKY DEPARTMENT OF INSURANCE
DIVISION OF AGENT LICENSING**

P.O. Box 517
Frankfort, KY 40602-0517
(502) 564-6004

<http://insurance.ky.gov>

**REQUEST FOR
WAIVER OF RENEWAL PROCEDURES
or
EXTENSION FOR EXAMINATION
or
EXTENSION FOR CONTINUING EDUCATION**

DUE TO ACTIVE MILITARY SERVICE DEPLOYMENT

_____	_____	()
(Licensee Name)	(KY DOI# or NPN)	(Telephone Number)
_____	_____	
(Street or Post Office Address)	(City, State, and Zip Code)	

PLEASE CHECK APPROPRIATE REQUEST:

- _____ Waiver of Renewal Penalties and Sanctions.* Attachments required:
- Explanation of which renewal procedures should be waived and why;
 - Documentation proving or affidavit swearing to the dates of active military service and deployment.
- _____ Extension for Examination.* Attachments required:
- Explanation of which examination should be extended and why;
 - Documentation proving or affidavit swearing to the dates of active military service and deployment.
- _____ Extension for Continuing Education Requirement.* Attachments required:
- Explanation of why Continuing Education requirements could not be completed within the 2-year biennium period.
 - Extension date _____ requested to complete the required continuing education hours (maximum 2 years). Include an explanation of why this specific period is needed.
 - Documentation proving or affidavit swearing to the dates of active military service and deployment.

_____	_____
(Signature)	(Date)

NOTE: The Department will review requests on a case by case basis and will notify you in writing of decision.

* KRS 304.9-260(3)