



**KENTUCKY DEPARTMENT OF INSURANCE
DIVISION OF LICENSING**

P .O. Box 517
Frankfort, Kentucky 40602-0517
Phone 502-564-6004
<https://insurance.ky.gov>

For Office Use Only
Amt. Recv'd _____
Date Recv'd _____
Check No: _____
Recorded By: _____

EXAMINATION RETAKE FORM

KY DOI#	Telephone Number		Date	
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).

- | | | |
|---|---|---|
| <input type="checkbox"/> Life | <input type="checkbox"/> Adjuster | <input type="checkbox"/> Crop Agent |
| <input type="checkbox"/> Health | <input type="checkbox"/> Life Settlement Broker w/Life | <input type="checkbox"/> Crop Adjuster |
| <input type="checkbox"/> Property | <input type="checkbox"/> Consultant (Life / Health) | <input type="checkbox"/> Workers' Comp Adjuster |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Consultant (Property / Casualty) | |
| <input type="checkbox"/> 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 Licensing with any questions at DOI.LicensingMail@ky.gov, or call (502) 564-6004.