



**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE**

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

**CERTIFICATE OF PRE-LICENSING COURSE COMPLETION**

This form must be completed in its entirety and furnished to each attendee satisfactorily completing,  
*(Check One)*

<input type="checkbox"/> forty (40) hours for two-lines of authority or <input type="checkbox"/> twenty (20) hours for one-line of authority
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of training as the educational requirement prescribed by KRS 304.9-105. The pre-licensing program must be in compliance with the plan filed and approved by the Kentucky Department of Insurance. This certificate must be submitted to the Kentucky Department of Insurance with an application for insurance license, KY Administrative Office of the Courts (AOC) criminal background report, and applicable fees, before a notice for examination will be issued.

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_

Resident Address: \_\_\_\_\_

**Course Conducted By:**

Education Provider Name and ID #: \_\_\_\_\_

Course Name and ID #: \_\_\_\_\_

Instructor Name (if applicable): \_\_\_\_\_

\* Course Completion Date: \_\_\_\_\_

**EDUCATION PROVIDER CERTIFICATION**

*I hereby certify that this individual has successfully completed this pre-licensing training course in its entirety, and that the course was conducted in accordance with the outline approved by the KY Department of Insurance.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT CERTIFICATION**

*I hereby certify that I have personally completed the above-named course in its entirety in order to be compliant with Kentucky Insurance Laws and Regulations.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* THIS CERTIFICATE IS VALID ONE YEAR FROM DATE OF COMPLETION \***