

**KENTUCKY DEPARTMENT OF INSURANCE
LICENSING DIVISION**

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

<https://insurance.ky.gov/>

**REQUEST FOR
WAIVER OF RENEWAL PROCEDURES
or
EXEMPTION FROM EXAMINATION
or
EXTENSION FOR CONTINUING EDUCATION
DUE TO ACTIVE MILITARY SERVICE DEPLOYMENT**

(Licensee Name) (DOI #) (_____) (Telephone Number)

(Street or Post Office Address) (City, State, and ZIP)

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.

___ Waiver of Continuing Education Requirements*. Attachments required:
• Explanation of why continuing education requirements could not be completed within the 2-year biennium period.
• Demonstrate that you have given a good faith effort to meet requirements prior to deployment.
• Documentation proving or affidavit swearing to the dates of active military service and deployment.

___ Exemption of Examination*. 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 of 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.
• Demonstrate that you have given a good faith effort to meet requirements prior to deployment.
• 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 provide a response in writing.

* KRS 304.9-200(3)
**KRS 304.9-295(7)