



Nevada Division of Insurance

Request for Exemption from Pre-Licensing Education for Applicants for a Producer or Consultant License

Instructions: To apply for an exemption from pre-licensing education, complete this form by selecting one of the three exemptions and submit this form with the required documentation to the Division with your application. If you applied electronically, upload this form and the required documentation with your application.

Applicant Name (as it appears on the application): _____
Email: _____ Phone: _____

Exemption 1: _____ I have been employed by an insurer for at least 10 years and have been actively involved in the underwriting of insurance or settling claims.

Include a letter from the employing insurer verifying dates of employment and involvement in underwriting insurance or settling claims.

Exemption 2: _____ Within the last 15 years, I have been actively employed as a licensed producer of insurance for at least 10 years.

Include a letter from the employer verifying dates of employment.

Indicate the following:

National Producer Number (NPN) _____ Resident State _____

Exemption 3: _____ I hold and continue to maintain one of the following designations that relates to the line of insurance for which I am seeking a license:

Life

- Certified employee benefit specialist (CEBS);
- Certified financial planner (CFP);
- Certified insurance counselor (CIC);
- Chartered financial consultant (ChFC);
- Chartered life underwriter (CLU);
- Fellow, life management institute (FLMI); and
- Life underwriter training council fellow (LUTCF)

Accident and Health

- Certified employee benefit specialist (CEBS);
- Health insurance associate (HIA);
- Registered employee benefits consultant (REBC); and
- Registered health underwriter (RHU);

Casualty, Property or Personal Lines

- Accredited adviser in insurance (AAI);
- Associate in risk management (ARM);
- Certified insurance counselor (CIC); and
- Chartered property casualty underwriter (CPCU).

Include a copy of your valid certificate of designation.

By signing below, I certify that the information provided is true and correct to the best of my knowledge.

Applicant Signature

Date