



Exam Registration Form for Nebraska Insurance Examinations

Last Name	First Name	Middle Initial	Social Security Number
Residence Address (Your address of legal residence is required)			Date of Birth
City	State	ZIP Code	Email Address
Employer (insurance company, if known)		Fax Number (including area code) ()	
Daytime Phone Number (including area code) ()		Evening Phone Number (including area code) ()	

This form is Page 21 of the Nebraska Licensing Information Bulletin. We suggest you read the entire Bulletin.

Series	Exam Title	Exam Fee	Total
13-01	Producer's Life and Annuities	\$59	\$
13-02	Producer's Accident and Health or Sickness	\$59	\$
13-03	Producer's Life and Annuities; Accident and Health or Sickness	\$69	\$
13-04	Producer's Property and Casualty	\$69	\$
13-07	Consultant's Life and Annuities; Accident and Health or Sickness	\$69	\$
13-08	Consultant's Property and Casualty	\$69	\$
13-09	Producer's Crop	\$59	\$
13-13	Producer's Motor Club	\$59	\$
13-16	Producer's Title	\$59	\$
13-21	Producer's Personal Lines	\$59	\$
13-22	Producer's Property	\$59	\$
13-23	Producer's Casualty	\$59	\$
<p style="color: red;">By filing this registration, you assume full responsibility for exam selection. Fees for these exams are not refundable and not transferable. If you are unsure which exam is needed for the license you are seeking, resolve this question before you register. Exam fees are valid for 90 days from receipt at Prometric.</p>		Total Fee	\$

Fee may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. Please put your Social Security number on the check. **Personal checks and cash are not accepted. Registration fees are not refundable.** Testing fees are determined by the State of Nebraska and are subject to contractual change without notice. To pay by credit card, please complete the information below. To pay by credit card, please complete the information below. Register by visiting our Web site at www.prometric.com/nebraska, calling 800.853.4753 or faxing this completed form to 800.347.9242. To register by mail, send this completed form along with the appropriate fee to:

Prometric
ATTN: NE Insurance Exam Registration
1260 Energy Lane
St. Paul, MN 55108

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder