



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Request for Continuing Education Exemption

Guam Resident Licenses Only:

Please print or type:

Applicant Name: _____

Lines of Authority: _____ License Number: _____

Residence Address: _____

Email: _____ Phone: _____

I, _____, hereby request to be declared exempt from Continuing Education based on the requirements that I am 55 years of age or older, have been *continuously* licensed* in the business of insurance for 25 years, **AND** in good standing with the Insurance Commissioner. (**Public Law No. 36-92 § 2111. Continuing Education Exemption**). I am responsible for timely filing all applicable license renewals and payment of all applicable license fees. A copy of my driver's license or acceptable identification with my date of birth is attached as verification of age.

Applicant (Print Name and Signature)

Date

The deadline to submit this form is on or before March 30th of each renewal year. The agent must physically submit the form in person to the Insurance, Securities, Banking & Real Estate (ISBRE) Branch. If the agent is unable to submit, the agent must give authorization to the person who will be submitting the form. The approved form must be submitted along with all other requirements during renewal period (April 1st through June 30th). ****This constitutes being licensed as an insurance Producer, Adjuster, Broker, Surplus Lines Broker, or General Agent. No other business of insurance will be considered for exemption such as previous affiliation or employment with any insurance companies.***

Insurance Securities and Banking Section:

Approved Denied

Reason for denial: _____

Reviewed by: _____ Stamp #: _____
Regulatory Examiner

Approved by: _____ Date: _____
Regulatory Programs Administrator

Form: CE-Exempt2018/Revised 6/2022/Revised 2/2023