



**INSTRUCTIONS:** Request for prelicensing exemption requirements must be submitted to the address shown above no later than 90 days prior to the date of taking the state examination. Applicant must obtain approval prior to taking the examination. All appropriate documentation must be submitted with exemption form. The Commissioner will provide written notice of approval or denial within 30 days of receipt of the exemption.

*Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)*

Last Name	First Name	Middle Initial	Social Security Number (last four digits)
Address			
E-mail		Phone	

I hereby certify that I am exempt from the prelicensing requirement for the following reason(s):

- I am a veteran and have obtained instruction related to insurance in connection with my military service (documentation attached).
- I have completed a two-year Wisconsin vocational school degree in insurance (**official** transcript attached).
- I have completed a four-year college degree in business with an insurance emphasis (**official** transcript attached).
- I am applying for an original resident license for the Life line of authority and currently hold the following professional designations or successor designations. Please check all that apply and provide certification from school:
  - Certified Employee Benefit Specialist (CEBS)
  - Chartered Financial Consultant (ChFC)
  - Certified Insurance Counselor (CIC)
  - Certified Financial Planner (CFP)
  - Chartered Life Underwriter (CLU)
  - Fellow of the Life Management Institute (FLMI)
  - Life Underwriter Training Council Fellow (LUTCF)
- I am applying for an original resident license for the Accident & Health line of authority and currently hold the following professional designations or successor designations. Please check all that apply and provide certification from school:
  - Registered Health Underwriter (RHU)
  - Certified Employee Benefit Specialist (CEBS)
  - Registered Employee Benefits Counselor (REBC)
  - Health Insurance Associate (HIA)
- I am applying for an original resident license for the Property, Casualty, or Personal Lines P&C lines of authority and currently hold the following professional designations or successor designations. Please check all that apply and provide certification from school:
  - Accredited Advisor in Insurance (AAI)
  - Associate in Risk management (ARM)
  - Certified Insurance Counselor (CIC)
  - Chartered Property and Casualty Underwriter (CPCU)

I state that I have read and knowingly made the foregoing statements and representations and that each and all statements and representations are true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of my license or may be cause for denial of application in addition to any other penalties or both.

Applicant's Signature	Date
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