

**Individual Course Submission Packet
for a
Montana Insurance Producer, Adjuster or Consultant**

Producer/Adjuster/Consultant Name _____

Insurance License Number(s) _____

Social Security Number _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number () _____

Course Name _____

Course Provider _____

Checklist:

- ___ Submitted less than 45 days after course end
- ___ Copy of course completion certificate from course provider attached
- ___ All questions answered in attached packet
- ___ Copy of course agenda, syllabus or outline attached
- ___ Photocopy of this completed packet kept for my records
- ___ Application signed.

Course Number	For Departmental Use Only	Reception Number
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1. The course was completed (month) _____ (day) ____, (year) ____.
(please, use the date from the completion certificate)

2. I am a Montana Insurance Producer ____ Yes ____ No

3. I am a Montana Insurance Consultant ____ Yes ____ No

4. I am a Montana Insurance Adjuster ____ Yes ____ No

4. This was a college or university course ____ Yes ____ No

If, yes, name of college or university _____

5. The course was taught in this method:

____ Classroom (an instructor or instructors taught the course materials).

____ Correspondence (I studied a book and completed and passed a test).

____ Videotape (I watched a videotape and completed and passed a test).

____ Audiotape (I listened to an audiotape and completed and passed a test).

____ Teleconference (I went to a scheduled teleconference site that was monitored by the course provider).

____ Other (I completed a computer-based course and completed and passed a test) or (write a description of the method)

_____.

6. The name(s) of the instructor(s) is/are:

_____.

