



**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**  
**Division of Insurance Agent & Agency Services – Bureau of Licensing**  
 200 East Gaines Street, Larson Building Room 419  
 Tallahassee, FL 32399-0319

**CERTIFICATE OF COMPLETION**

*(Please Type)*

Name: \_\_\_\_\_ License or Soc. Sec. #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

THIS CERTIFIES THAT THE PERSON NAMED IN THIS CERTIFICATE HAS SUCCESSFULLY COMPLETED AN INSURANCE COURSE TAUGHT IN COMPLIANCE WITH THE RULES OF THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES.

Course Identification #: \_\_\_\_\_ Course Offering #: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**PRE-LICENSING USE ONLY**

**CONTINUING EDUCATION USE ONLY**

**QUALIFICATION / TRAINING COURSES**

\_\_\_\_\_  
Name of Course

Numerical Score/Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Print/Type Instructor Name & Instructor License or ID #

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Provider Name/Provider #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Course

# of Credit Hours Earned: \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Print/Type Instructor Name & Instructor License or ID #

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Provider Name/Provider #

\_\_\_\_\_  
Date

\*NOTE

You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, United States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. Section 626.171(6), Florida Statutes, implements this federal law. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.