



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

**Education Section**

**APPLICATION FOR CLU/CPCU/COLLEGE DEGREE + EXPERIENCE STATUS**

To qualify for a reduction in your continuing education requirement you must complete this form and return it to the address above the required documentation. A certifying individual other than the applicant must complete the statement of experience. Documentation of designation or degree must be attached as well as proof of experience as a licensed agent if experience was obtained outside of Florida.

Applicant Name: \_\_\_\_\_

Applicant License #: \_\_\_\_\_

To be eligible for continuing education reduction, the applicant must have:

1. A CLU or CPCU designation with 25 years of experience as a licensed agent in the same line of business as the designation, i.e., 25 years experience as a life and health agent and CLU designation or;
2. A college degree in Risk Management or insurance with at least 18 semester hours of approved insurance courses and 25 years of experience as a licensed agent in the same line of business as the license.

**This form must be submitted with all written documentation prior to the applicant's birth month in the year in which compliance for continuing education is due to be considered for the credit.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**Statement of Experience** – This must be completed by a certifying individual other than the applicant.

I certify that the applicant above is known to me and I have known him/her to be a licensed agent in the State of Florida for \_\_\_\_\_ years.

I certify that the applicant above is known to me and that I have known him/her to be a licensed agent in the State of \_\_\_\_\_, for \_\_\_\_\_ years.

\_\_\_\_\_  
Type or Print Certifying Individual's Name

\_\_\_\_\_  
Signature of Certifying Individual

\_\_\_\_\_  
Business Name of Certifying Individual

\_\_\_\_\_  
Date Signed

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ \ \_\_\_\_  
Telephone Number of Certifying Individual

**NOTE:** If you lose your CLU or CPCU designation, you are required to notify the Department. Loss of designation or authority will invalidate the reduction in CE requirement.