

Apply for a continuing education exemption or extension

► Licensee information:

Licensee name

Social Security number

Street address or route

City

State

ZIP

Email

► Reason for extension or exemption

Check one box:

- Illness or medical disability
- Circumstance beyond the licensee's control
- Active military duty in a combat theater

► Send the information that applies:

- Statement with the exact nature of the illness, medical disability, or other circumstance beyond the control of the licensee that prevented or will prevent the licensee from completing the required hours within the two-year reporting period.
- Medical reports from the attending physician or evidence through insurance claims about the illness or medical disability of the licensee and other documents about the circumstance beyond the licensee's control.
- An assessment of the licensee's condition, whether it is temporary, permanent, or unknown.
- Statement listing activities of an agent or adjuster that the licensee can't do as a result of the condition or circumstances.
- Estimated date the licensee will be able to perform activities of an agent or adjuster in accordance with the medical reports or other documents
- Copy of an order to active duty, expected duration of assignment, and any other information about active military duty.

▶ **Return this form and any attachments one of these ways:**

Via USPS send to:

Agent and Adjuster Licensing
Texas Department of Insurance
P.O. Box 12030, MC: CO-AAL
Austin, Texas 78711-2069

Via FedEx and UPS send to:

Texas Department of Insurance
Attn: Lockbox Department
208 E. 10TH Street, MC: CO-AAL
Austin, Texas 78701

▶ **Contact us if you have questions:**

You can: (1) use our online question form at www.tdi.texas.gov/agent/question.html,
(2) email TDI-TitleLicensing@tdi.texas.gov, (3) or call 512-676-6475.

▶ **Know your rights:**

▶ **Your rights:** You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.

Sign here

Licensee signature: _____ Date: _____