

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:**

Mail:

Texas Department of Insurance
Title Licensing, Mail Code 107-TL
PO Box 149104
Austin, Texas 78714-9104

Overnight mail or in person:

Texas Department of Insurance
Title Licensing, Mail Code 107-TL
333 Guadalupe
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 512-676-6500.

► **Know your rights:**

You have the right to see and get facts we have about you: If you want to get information we have about you, you must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:

Email: OpenRecords@tdi.texas.gov
Fax: 512-490-1021
In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance
Public Information Coordinator
PO Box 149104 (Mail code 110-1C)
Austin, Texas 78714-9104

You have the right to ask that we fix information we have about you that is wrong: If you want to ask that we fix information we have about you that is wrong, you must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:

Email: RecordCorrections@tdi.texas.gov
Fax: 512-490-1025
In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance
Record Correction Request
PO Box 149104 (Mail code 113-1C)
Austin, Texas 78714-9104

Sign here

Licensee signature: _____ Date: _____