



DEPARTMENT OF FINANCIAL SERVICES
Division of Agency & 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: _____

Name of Course

of Credit Hours Earned: _____

Signature of Instructor

Signature of Instructor

Print/Type Instructor Name & Instructor License or ID #

Print/Type Instructor Name & Instructor License or ID

Signature of School Official

Signature of School Official

Provider Name

Provider Name

Date

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(5), 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.