

# Maryland Insurance Administration

200 Saint Paul Place, Suite 2700, Baltimore Maryland 21202

## Spanish Language Insurance Examination Request Form

To schedule for a Spanish Language insurance exam, you must complete and submit this form and attach a copy of the course completion certificate issued by an approved course provider to

[producerapplication.mia@maryland.gov](mailto:producerapplication.mia@maryland.gov).

Please allow 3-5 business days to receive emailed confirmation that this request has been processed and approved.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security or Individual Tax ID Number: \_\_\_\_\_

Course Provider Name: \_\_\_\_\_ Eligibility Number: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

### Select Spanish Examination Codes and Name(s):

CHECK	EXAM CODE	EXAM NAME
	2043	Ajustador Público
	2044	Productor de Accidentes y Salud o Enfermedad
	2045	Productor del Título
	2046	Productor de Siniestros
	2047	Productor de Vida
	2048	Asesor de Vida y Accidentes y de Salud o Enfermedad
	2049	Líneas Personales
	2050	Productor de Vida y Accidente y Salud o Enfermedad - Combo
	2051	Productor de Propiedades
	2052	Productor de Daños y Accidentes- Combo
	2053	Asesor de Propiedad y Accidentes

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_