



PE Provider Application

1. Name of Provider

2. FEIN (Tax ID Number)

3. Street Address

City

State

Zip Code

4. Name of Contact Person

5. Business Phone Number

6. Email Address of Contact Person

7. Instructor Name(s)*

Submit payment of \$100 Application Fee and \$5 Processing Fee (\$105) and all required attachments to:

Regular Mail:

Georgia Dept. of Insurance, Agents License Division
P.O. Box 935132
Atlanta, GA 31193-5132

Overnight Check Payment:

Wells Fargo Bank, NA
Georgia Department of Insurance, Agents License Division
Lockbox 935132
3585 Atlanta Ave
Hapeville, GA 30354

* Instructors require a separate application. Please complete the application here:

<https://ociga.seamlessdocs.com/f/peprovider>

All fees paid to the Georgia Department of Insurance are non-refundable.