



## Instructor Application

<b>Name of Provider</b>
-------------------------

<b>FEIN (Tax ID Number)</b>	<b>Provider ID</b>
-----------------------------	--------------------

<b>Provider Street Address</b>
--------------------------------

<b>City</b>	<b>State</b>	<b>Zip Code</b>
-------------	--------------	-----------------

<b>Contact Name</b>
---------------------

<b>Contact Phone Number</b>
-----------------------------

<b>Provider Email Address</b>
-------------------------------

Instructors must have had training or educational experience satisfactory to the Commissioner in order to be certified to teach any part of an approved prelicensing course. Each instructor must have three (3) or more years in insurance work or otherwise quality with equivalent educational and teaching experience and be approved by the Commissioner prior to teaching any prelicensing course, or any part of any course.

**Please attach a resume or biographical sketch for each instructor for whom you are requesting approval. The resume or biographical sketch must include the instructor address.**

**Submit payment of \$10 Application Fee per instructor plus \$5 Processing Fee 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

**(\$10 \* \_\_\_\_\_ ) + \$5 = \_\_\_\_\_ Total Amount Due**  
No. of Instructors

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