



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

John W. Oxendine, Commissioner

Agent Licensing

#908, West Tower, 2 MLK Jr. Drive, Atlanta, GA 30334

WWW.GAINSURANCE.ORG

**FORM
GID-111**

Rev. 10/07

CERTIFICATE OF EDUCATION COMPLETION

NAME OF APPLICANT: _____

RESIDENCE ADDRESS: _____

CITY, STATE AND ZIP: _____

NAME OF APPROVED SCHOOL: _____

NAME OF APPROVED COURSE: _____

NAME OF INSTRUCTOR(S): _____

CLASSROOM LOCATION: _____

STREET ADDRESS: _____

BUILDING/SUITE NAME: _____

CITY, STATE AND ZIP: _____

CLASS START DATE: ____/____/____ **CLASS COMPLETION DATE:** ____/____/____

COURSE PROVIDER NUMBER: _____ **COURSE NUMBER:** _____

THIS CERTIFIES THAT THE ABOVE NAMED APPLICANT HAS COMPLETED THE ABOVE APPROVED INSURANCE COURSE AS APPROVED BY THE GEORGIA INSURANCE DEPARTMENT, TAUGHT BY APPROVED INSTRUCTORS AND IN COMPLIANCE WITH ALL DEPARTMENT RULES.

CONTINUING EDUCATION HOURS EARNED: _____

PRE-LICENSING EDUCATION HOURS EARNED: _____

SIGNATURE OF APPLICANT _____ **DATED** _____

SIGNATURE OF APPROVED INSTRUCTOR _____ **DATED** _____