**STATE OF NEVADA**

**DEPARTMENT OF BUSINESS AND INDUSTRY**

***DIVISION OF INSURANCE***

**1818 EAST COLLEGE PARKWAY, SUITE 103**

**CARSON CITY, NEVADA 89706**

**(775) 687-0700**

**CERTIFICATE OF COMPLETION OF PRELICENSING EDUCATION REQUIREMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name **Last 4 digits of Social Security Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Address City State Zip

Name and Address of Sponsor: **ACE INSURANCE SCHOOL OF NEVADA**

**1785 E Sahara Ave Suite #390 Las Vegas, Nevada 89104**

Title of Course: \_\_\_\_\_\_\_\_\_\_**NV PRELICENSING**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Course: \_\_\_**X**\_\_\_\_\_ Classroom Instruction \_\_\_\_\_\_\_\_ Self-Study \_\_\_\_\_\_\_\_ Individual Instruction

Hours of Attendance: \_\_\_\_\_\_\_ Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Location of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_LAS VEGAS, NEVADA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line of Insurance with **GRADE PERCENTAGE:**

\_\_\_\_\_\_\_\_\_\_\_\_ Life \_\_\_\_\_\_\_\_\_\_\_\_\_ Health \_\_\_\_\_\_\_\_\_\_\_\_\_ Property \_\_\_\_\_\_\_\_\_\_\_ Casualty

\_\_\_\_\_\_\_\_\_\_ Life & Health \_\_\_\_\_\_\_\_\_\_ Property & Casualty \_\_\_\_\_\_\_\_Bail \_\_\_\_\_\_\_\_ Personal Lines

Name of Instructor: CANDACE BALCOM-PAULINO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above-named student was in attendance for the required number of hours and has successfully completed the Prelicensing Education Course(s) listed above, and that the instructor listed has been approved and qualifies pursuant to NAC 683A.190 through 683A.201.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

THIS **ORIGINAL** SIGNED “CERTIFICATE OF COMPLETION” MUST BE GIVEN TO THE STUDENT TO PRESENT WITH THEIR APPLICATION FOR LICENSURE. Prelicensing Certificate of Completion rev. 03.15.2013