

ALABAMA DEPARTMENT OF INSURANCE
TITLE INSURANCE AGENT PRELICENSING PROVIDER APPLICATION

Provider Name: _____
FEIN: _____
For Departmental Use Only
Provider # _____

Provider is (check one):
[] Statewide Title Agents Association
[] Title Insurance Trade Association
[] Authorized Title Insurer
[] Employer offering classes exclusively to employees
[] Licensed Private Educational Institution (attach copy of license from ACCS)
[] Public Educational Institution (*exempt from application fee)

Mailing Address: _____
Street Address: _____
Telephone#(s) (____) ____ - _____ (____) ____ - _____ Fax# (____) ____ - _____
Name of Provider Representative (Contact Person): _____
Email Address: _____
WEB Address: _____

Course to be offered:
[x] Title (20 hours)

Check one of the following:
[] Courses offered to General Public [] Courses offered only to employees of provider

Check one or both of the following:
[] Courses offered in classroom setting [] Courses offered online

By signing below, I do hereby swear or affirm that the information contained in this application is accurate.
Signature of Authorized Representative of Prelicensing Provider Date: _____
Sworn to and subscribed before me, this _____ day of _____, 20_____.
Notary Public
My Commission Expires: _____

Notary Seal
Mail form and \$75 initial application fee* to:
State of Alabama Department of Insurance
Producer Licensing / Prelicensing
PO Box 303351
Montgomery AL 36130-3351