

**PRE-LICENSE EDUCATION PROGRAM DIRECTOR APPLICATION**

Provider name       Provider #

Applicant’s name       WAOIC #

Business email       Business phone #

Business mailing address

Courses to be instructed, if teaching

Do you have professional designations or scholastic credentials? Yes  No

*If yes, list them*:

**INSURANCE INDUSTRY EXPERIENCE (Minimum 5 Years) WAC 284-17-535**

From / To       Job title / position

Employer name       Contact person

Address       Phone

Job duties

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From / To       Job title / position

Employer name       Contact person

Address       Phone

Job duties

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From / To       Job title / position

Employer name       Contact person

Address       Phone

Job duties

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**CURRENT RESIDENT LICENSE INFORMATION** *(If other than Washington)*

From / To       License #       State

License lines of authority

Any administrative actions involving this license? Yes  No  *If yes, attach an explanation*.

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Have you used any other names in the past (Alias)?Yes  No

*If yes, list the names*:

Have you compromised or attempted to compromise the integrity or security of any state licensing examination or induced another to do so?

Yes  No  *If Yes, attach a statement of facts.*

Have you been convicted of a crime involving embezzlement, theft, fraud, mishandling of funds or other irregularities in money transactions in the past 10 years?

Yes  No  *If Yes, attach a statement of facts.*

Have you been involved in an administrative action that resulted in a fine, probation, suspension or revocation regarding insurance education provider authority or any professional or occupational license you have held in the past five years?

Yes  No  *If Yes, attach a statement of facts.*

I certify I am trustworthy and qualified to supervise the provider’s pre-license education program according to the requirements of WAC 284-17-530 and 535.

**Program Director applicant signature and date**

I certify the applicant is trustworthy and qualified to act as the pre-license education program director according to the requirements of WAC 284-17-530 and 535.

I certify I have completed a background investigation on the program director applicant.

**Provider’s delegated representative** **signature and date**

PLE Program Director Application 9/2017