

REQUEST FOR CE EXTENSION

Pursuant to IC 27-1-15.7-3(b)(2), I am requesting an extension of time to complete my Insurance Continuing Education (CE) requirement. I am submitting a check for \$25.00 made payable to the Indiana Department of Insurance as a fee for processing the extension. **Note: the renewal application and renewal fee must be submitted by the license expiration date, which may be done online through either www.sircon.com or www.nipr.com.**

Reason for the CE Extension:

Check the length of CE extension requested (the Department reserves the right to grant a lesser extension upon review):

30 Days

60 Days

90 Days

Attach any additional information necessary to support this request.

Name: _____ License #: _____

Address: _____ Expiration: _____

City, State: _____ Zip Code: _____

Email Address: _____

Signature: _____ Date: _____

Return to: Indiana Department of Insurance
Deputy Commissioner, Licensing Division
311 West Washington Street
Indianapolis, Indiana 46204-2787