



# NEW MEXICO INSURANCE EXAMINATION REGISTRATION FORM

## NEW APPLICANTS MUST ATTACH THIS FORM TO THE LICENSE APPLICATION

Last Name	Full First Name	Full Middle Name	Social Security Number
Residence Address (Your address of legal residence is required)			
City	State	Zip Code	Home Phone Number (including area code) (      )
Employer (Insurance Company, If known)			Business Phone Number (including area code) (      )
Email Address			Date of Birth (Month, Day, Year )

NOTE: EXAMINATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE. THE EXAMINATION FEE IS VALID FOR SIX MONTHS.

	Examination Title	Series	Exam Fee	Total	First Time	Retake
<input type="checkbox"/>	Life	18-25	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Accident and Health	18-26	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Life, Accident and Health	18-27	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Property	18-28	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	General Casualty and/or Surety	18-29	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle	18-30	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Property, Vehicle and Casualty	18-31	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Title	18-33	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bail Bonds	18-34	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Crop	18-35	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Consultant's Life, Accident and Health	18-36	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Consultant's Property, Vehicle and Casualty	18-37	\$75	\$	<input type="checkbox"/>	<input type="checkbox"/>
	First-Time Test Takers		Fee			
	Consultant License Fee		\$100	\$		
	License Fee		\$30	\$		
	Appointment Fee (\$20 per line of authority). Fee is applicable only if appointment form is included with license application. All solicitor applicants require an appointment.		\$20 x # of appts.	\$		
	<i>Do not include the license or appointment fees for a retake test.</i>		Total Fee	\$		

Master Card    VISA      (Mastercard, VISA, money order, cashier's check or company check only. Personal checks are not accepted.)

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Verification No: \_\_\_\_\_ *The card identification number is located on the back of the card and consists of the last three digits on the signature strip.*

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

I am faxing the Special Arrangement Request (on the following page) and required documentation.       Yes       No

You must complete and submit an original license application (form 210), along with any other documentation, fees, and this Examination Registration Form to:

New Mexico PSI Processing Center  
PO Box 28909  
Santa Fe, NM 87592  
Email [examschedule@psionline.com](mailto:examschedule@psionline.com) \* Fax (702) 932-2666 \* (877) 663-9267 \* TTY (800) 735-2929 \* [www.psiexams.com](http://www.psiexams.com)