## COMMISSIONER OF INSURANCE

## **Chapter Ins 26**

## **APPENDIX 5**

## **CERTIFICATE OF PRELICENSING EDUCATION** (Note: Must be on green paper)

I hereby certify that ( <u>name</u> ) has completed a prelic complies with the requirements in ch. Ins 26, Wis. As of <u>(life)</u> (accident & health) (property) (casualty) (Per of class for section B of this particular course was <u>(day</u> cation of this applicant by using:	dm. Code, for the insurance line rsonal Lines P&C). The last day
☐ A Wisconsin driver's license ☐ A Wisconsin identification card ☐ Other (please describe)	
1 /	rized Representative
Date	Name of Program