



American Association of Insurance & Financial Professionals, Inc.

Business Mailing Address: 3324 W. University Avenue, #250, Gainesville, FL 32607
(888) 889-9022, (352) 872-5120, (352) 872-5130 FAX

Application for Admission
(Fax or Mail applications to Business Office)

LICENSING COURSE

Course Name _____ Starting Date ____/____/____

REVIEWS

Course Name _____ Starting Date ____/____/____

Include Hilda Tucker Exam Prep Workbook? General Lines - Yes ____ No ____ ; Personal Lines - Yes ____ No ____

CONTINUING EDUCATION COURSE/COURSES Check your license type: I am an Agent ____ Adjuster ____

Course Name _____ Starting Date ____/____/____

Course Name _____ Starting Date ____/____/____

Course Name _____ Starting Date ____/____/____

Course Name _____ Starting Date ____/____/____

Please enroll the following individual in the class/classes indicated above: Indicate desired location _____

NAME (Print) _____

ADDRESS (Residence) Last First Middle Initial Social Security #

TELEPHONE NUMBER (Residence) Street City State Zip Code (Office) _____

FAX NUMBER (Residence) _____ (Office) _____

FLORIDA INS. LICENSE# (Required for continuing education students.) _____

DATE OF BIRTH _____ E-MAIL ADDRESS _____

COMPANY AFFILIATION _____ MANAGER _____

ADDRESS _____ MAILING ADDRESS _____
Street City Zip (IF DIFFERENT)

How did you hear about the school? Internet search ____, FL Dept site ____, Former student ____, Word of mouth ____, Other ____

Tuition: Check_ Credit Card# _____ Exp.date _____ Amount\$ _____

(Circle one: Visa, MasterCard, American Express, Check Card) Security Code # _____ (on back of card)

Print name as it appears on card _____ Please charge my check card or credit card with the above

amount. I understand tuition is not refundable and lack of attendance will result in forfeiture of tuition. I certify that the signature below is my correct and personal signature. Initial _____

Tuition is not refundable. I understand it is my responsibility to complete the above listed class/classes or forfeit tuition. I understand if I am disruptive in class I will be asked to leave and will forfeit my tuition. I understand that I am responsible for attending the correct continuing education course for my particular license, and if I am not on time will be denied entrance. Class dates, locations and prices are subject to change without notification.

APPLICATION MUST BE SIGNED AND DATED.

Date

Signature

HTAPP01/14

APPLICATION NOT ACCEPTED WITHOUT PAYMENT!