

Producer Licensing Bureau CE Expiration Data Extract

Order Form

LIC DE 3 (Rev 2/2016)

Customer Name: _____ Order date: _____

Customer Company: _____

Customer E-Mail Address: _____ Telephone number (____) _____

Mailing Address: _____

Selections: These selections will furnish all agents that have not yet completed their continuing education requirements. Please select from the below four line items you wish to order.

Company Type	Choice	Price
Three Months	<input type="checkbox"/>	\$ 300.00
Four Months	<input type="checkbox"/>	\$ 500.00
Five Months	<input type="checkbox"/>	\$ 700.00
Six Months	<input type="checkbox"/>	\$ 900.00
Total order amount		\$
Sales Tax *		\$
Total due to the California Department of Insurance		\$

* **California** residents must add local sales tax. Here is a link for California sales tax:
<http://www.boe.ca.gov/cgi-bin/rates.cgi>.

Send this completed form with your check to Attn: Mailing List Technician, California Department of Insurance, 300 Capitol Mall, 16th Floor, Sacramento, CA 95814-4344.

For further listing inquiries please call **(916) 492-3063** which is a voice mail box, or e-mail the Producer Mailing List Technician at listings@insurance.ca.gov

Complete payment must be enclosed or order will not be processed.