



**NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES  
INSURANCE LICENSING SERVICES  
BUREAU**  
**Prelicensing Education Program**  
One Commerce Plaza  
Albany, New York 12257  
[www.dfs.ny.gov](http://www.dfs.ny.gov)

**FOR DEPARTMENT USE  
ONLY**

Approval No.: \_\_\_\_\_

Examined By: \_\_\_\_\_

Date  
Approved: \_\_\_\_\_

**PRELICENSING COURSE APPROVAL APPLICATION**  
(A separate application is required for each course)

1. Name of Approved Provider: \_\_\_\_\_
2. Approved Provider School Code Number: \_\_\_\_\_
3. Type of Course:
  - Life/Accident & Health classroom     Life/Accident & Health self-study
  - Life only classroom     Life Only self-study
  - Accident & Health Only classroom     Accident & Health only self-study
  - Property and Casualty     Personal Lines
  - Public Adjusters
4. Textbook(s) to be used, as well as other reference material and/or case studies to be distributed to students (copies may be requested at a later date) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Total number of sessions in course and number of hours per session \_\_\_\_\_  
(Attach Form A (PL3a, providing a complete breakdown of the course hours))
6. Number of questions on final exam and the passing grade \_\_\_\_\_

In addition to this application and the completed Form A (PL3a), you must include:

- A. A completed Insurance Exam Content Topic Locator for the license class indicated above
- B. A copy of final exam question bank
- C. Completed Prelicensing Instructor Approval Application(s) (Form PL1), if the instructor(s) is/are not already approved

**The Provider Organization must immediately notify this Department of any changes in the information on this application.**

**I verify that the Provider Organization has satisfied itself as to the validity of the information on this application and on the attached documentation.**

_____ <b>Provider Organization Name</b>	_____ <b>Provider Organization School Code</b>
_____ <b>Signature of Provider Organization Designated Person</b>	_____ <b>Date</b>
_____ <b>Type or Print Name of Designated Person</b>	( ) _____ <b>Designated Person's Telephone Number</b>
( ) _____ <b>Designated Person's Fax Number</b>	_____ <b>Designated Person's E-mail Address</b>

**This course may NOT be advertised or offered until a Course Approval Document has been issued by this Department.**

**This course may NOT be offered until the Instructor Approval Document(s) for the Course Instructor(s) has/have been issued by this Department.**