TITLE INSURANCE PRE-LICENSING EDUCATION

INSTRUCTOR CERTIFICATION AND AFFIDAVIT OF COURSE COMPLETION

I hereby affirm that I have successfully completed the required pre-licensing study course in preparation for the Title Insurance examination. I understand that I must pass the Title Insurance examination within one year of the date of completion of this study course and that if I fail to pass the Title Insurance examination within one year of the completion of this study course, I must take a study course again before re-testing.

Signature of Applicant
Full Legal Name
Residence Address
(City)(State)(Zip)
S CERTIFICATION
ination. I further certify that the course was taught d all materials in the Title Insurance Examination rporation Commission as set forth in Section 38.2-nat the individual named above attended the requisite ng hours required by said section of the Code of he following information is true and correct.
, or equivalent number of distance learning hours or a
Signature of Instructor
Full Legal Name
Business Address of Instructor
Business Telephone Number of Instructor

You must submit this original form to the Proctor at the testing center. **Do not submit this form to the Bureau of Insurance**