Candidate Demographic Form

All Maryland Insurance schools are required to submit student electronic eligibility files through th secure web site provided by PSI. Please fill out the following form and return to the instructor.

Instructors: please submit this information electronically to PSI. This paper copy DOES not need to go to PSI. This is for your records only.

Circle One Only

PLEASE PRINT LEGIBLY 11 L/H Combo 06 Life only 03 Health only

Legal Name: First Name Middle Name

Last Name

Social Security:

Required by Maryland Insurance Administration and PSI for identification purposes only.

Birth Date: M M / D D / Y Y

Home Address: Number, Street (MUST be physical address (alternate mailing address NOT accepted) Apt/Ste

Note: Failure to provide HOME address will delay license application processing.

City State Zip Code

Telephone: Home Telephone

Email: @

Examination: 0 (01, 02, see list attached)

Completion Date: M M / D D / Y Y (01/15/2004, last day of scheduled class)

School Code: 1 1 6 7 5 (5 digit School Code found in the Candidate Information Bulletin)

Note: your social security number will only be used as an identification number in maintaining your records and reporting your examination scores to the state and will not be disclosed to any entity other than the Maryland Insurance Administration and PSI.