



TTII
Trinidad & Tobago
Insurance Institute

APPLICATION FOR STATE LICENSING EXAMINATION

SECTION 1: PERSONAL INFORMATION

1. Name		
Title	Surname	First Name
2. (a) Home Address: Apt/Street/P.O. Box		
City/Town		Country
3. Daytime Phone:		Mobile Phone:
4. Preferred Email Address:		
5. Date of Birth (dd/mm/year):		6. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
7. Identification (two forms – DP, PP, ID)		8. Indicate your examination of choice: <input type="checkbox"/> Certificate in General Class of Insurance Business (CGCIB) <input type="checkbox"/> Certificate in Long-Term Class of Insurance Business (CLTCIB)
9. Examination Sitting: April <input type="checkbox"/> August <input type="checkbox"/> December <input type="checkbox"/> Year:		

SECTION 2: ACADEMIC RECORD

10. List all subjects at CXC (CSEC) General Proficiency, CXC (CAPE) and GCSE Ordinary and Advanced Levels – (Please provide copies of same)				
Examining Body (e.g. CXC, Cambridge)	Level	Subject	Grade	Date Awarded (mm/yyyy)
CXC (CSEC) General Proficiency and GCSE Ordinary Level subjects passed				
CXC (CAPE) Unit 1 & Unit 2 and GCSE Advanced Subsidiary & Advanced Level subjects passed				
Tertiary Level – List any other professional development programmes or courses completed				

Note: Provide a copy of the CBTT Provisional Certificate of Registration if applicable

SECTION 3: EMPLOYMENT RECORD

11. List employment information	
a) Name of Employer	
Position	
Address: Apt/Street	
City/Town	Country
From ___/___/___	To ___/___/___
Telephone Number ()	Email:

SECTION 4: FINANCIAL RESOURCES

12. Will you be able to meet your financial obligation by the registration deadline for examinations?

Yes No

13. Source of Funding

SELF *(Sign box below)*

COMPANY *(Insert company stamp in box below)*

This application is made with my consent, and I intend to provide such fees as may be payable to the Trinidad and Tobago Insurance Institute. Signature of Applicant	We _____, undertake the (COMPANY NAME) responsibility of paying for the above-named applicant. Authorized Signature and Company Stamp
___/___/___ Date (dd/mm/yyyy)	

Please note the following:

1. State Licensing examinations are held online.
2. **Examination fees must be paid in full by the registration deadline.**
3. Examination fees are non-refundable and cannot be transferred to a later examination.
4. Exception to this policy will only be made in cases of serious illness (supported by valid documentation from a registered medical facility or physician) or other extenuating circumstances, at the sole discretion of TTII. In such cases, students will be charged a deferral fee in order to postpone their examination sitting.
5. **Please be advised that all examination material remains the property of TTII.**

SECTION 5: DECLARATION

14. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I accept that the Trinidad and Tobago Insurance Institute reserves the right to reject this application if the information submitted in its support is based in whole or in part on deception or fraud.

.....
Signature of Applicant ___/___/___
Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Documents Received: <input type="checkbox"/> Application Form <input type="checkbox"/> Two Valid Forms of ID (DP, PP, ID) <input type="checkbox"/> Proof of Academic Qualifications <input type="checkbox"/> Outstanding..... Signature of TTII Representative ___/___/___ Date (dd/mm/yyyy)
FEES: Examination Fee Paid <input type="checkbox"/> TTII Receipt Number
Student Number:	