State of California

Prelicensing/Continuing Education Program Provider Certification/Renewal Application

LIC 446-2A (Rev. 01/2023)

Curriculum and Officer Review Bureau – Education Unit 300 Capitol Mall Sacramento, CA 95814-4309 Information (916) 492-3064 www.insurance.ca.gov

COMPLETE THE AREA BELOW FOR YOUR ORGANIZATION TYPE. (Attach additional sheets if more space is needed.)

CORPORATE APPLICANT: Complete the following **and** attach a copy of the articles of incorporation. If you are an admitted insurer and there have been no changes in officers, directors, or stockholders since last official filing with the Department, submit a letter stating such. If there have been changes, the following must be completed.

| | Name: Last, First, Middle | Residence Address | Social Security No* |
|----------------|---------------------------|-------------------|---------------------|
| President | | | |
| Vice President | | | |
| Secretary | | | |
| Treasurer | | | |
| Director | | | |
| Director | | | |
| Director | | | |
| Stockholder | | | |
| Stockholder | | | |

PARTNERSHIP APPLICANT: List name and address of all partners and attach a copy of the partnership agreement. If no agreement, submit a letter signed by all partners.

| Residence Address | Social Security No* |
|-------------------|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Residence Address |

Prelicensing/Continuing Education Program Provider Certification/Renewal Application

LIC 446-2A (Rev. (01/2023)

SOLE PROPRIETOR or ASSOCIATION APPLICANT: List name and address of proprietor or all officers, directors, and shareholders of association and attach a copy of articles of association. If no articles, submit a letter stating such.

| Name: Last, First, Middle | Residence Address | Social Security No* |
|---------------------------|-------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*PERSONAL INFORMATION NOTICE: Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1997 (Civil Code 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay the processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.2 of the IPA of 1997. Each individual has the right upon request and proper identification to inspect all personal information in any record maintained on the individual by an identifying particular.