

DISINTERESTED THIRD PARTY CERTIFICATION FORM

(Please print legibly in INK only)

IMPORTANT

You must complete this form and return with a copy of your Certificate to Securities Training Corporation in order to satisfy the pre-licensing requirement.

A Disinterested third party is a person not concerned with respect to possible gain or loss in the result of a pending Prelicensing course final examination.

- Self-study/Correspondence study courses satisfy the pre-licensing requirement only when approved by the Department of Insurance and there is a monitored/proctored examination administered by a “disinterested third party” and graded by the course provider. **The student must begin the examination under the supervision of a disinterested third party. The disinterested third party may not be a spouse, sibling, child, employer, employee or anyone with a personal stake in the student.**

Name of “Disinterested Third Party”: _____

Mailing Address: _____

Telephone Number: _____ () _____

Course Title: _____

Course Provider: Securities Training Corporation

Description of Location where examination was administered: _____

(Time examination began)

(Time examination ended)

As the disinterested third party, I certify that I have administered the course examination for the following examinee _____. The examinee completed the examination independently and without the assistance of any study material. To the best of my knowledge, the examinee did not make a copy of this examination.

Date

Signature of Disinterested Third Party

I certify that I took the examination independently and without the assistance of study material. I did immediately, upon successful completion of the examination, provide a copy of the certificate to the “disinterested third party” for mailing to Securities Training Corporation. Any other party or I did not make any copy or other reproduction of the final examination.

Date

Signature of Examinee

Note:

The form can be sent via fax to **814 499-5446** or sent via email to **stcadmin@stcusa.com**

Examinee’s Social Security Number