

TITLE PRELICENSING PROVIDER APPLICATION

Provider Name: _____ FEIN: ____ - _____	Provider #: _____ For Departmental Use Only
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Provider for TITLE is:

Title Insurance Trade Association
 Authorized Title Insurer
 Institution of Higher Learning
 Bona Fide Education School
 Public Institution (Exempt from Fee)

General Information:

Mailing Address: _____

Street or P.O. Box	City	State	Zip
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Street Address: _____

Street	City	State	Zip
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Telephone# (____) ____ - ____ Ex. _____ 1-800 (____) ____ - _____

Fax# (____) ____ - _____

Name of Provider Representative (Contact Person): _____

	First Name	MI	Last Name
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E-Mail Address: _____

WEB Address: _____

Courses to be offered:

Title

 Signature of Provider Representative Date: _____

Sworn to and subscribed before me this the _____ day of _____, 20____.

 Notary Public

 Commission Expires

Notary Stamp Here

Mail Form and \$75 Initial Fee To:

State of Alabama Department of Insurance
 Producer Licensing Division/Prelicensing
 P O Box 303351
 Montgomery, AL 36130-3351