



FOR ATTORNEYS ONLY

**Continuing Education
Declaration of CE Status
Title Agent**

NAME: _____
First Middle Last

PA Title Agent License Number: _____

Business Telephone Number: _____

Email Address: _____

In conjunction with the implementation of Act 1995-79 (H.B. 602) regarding title insurance, I hereby declare to the PA Insurance Department (“Department”) that I am an attorney and will be demonstrating compliance with my continuing legal education (“CLE”) requirement at the time of renewal of my title agent's license. I understand that based on this declaration the Department will establish my agent continuing education classification at three (3) credit hours of Department approved courses and that future correspondence from the Department or the education administrator acting on the Department’s behalf will rely on the validity of my declaration. I further understand that if I do not demonstrate completion of my CLE at the time of renewal of my agent's certificate, I will be required to have completed twenty-four (24) credit hours of Department approved courses in order to renew my license.

Date Signature

NOTE: Once this form has been submitted and processed by the Department, the information will remain on file for the duration of your licensure. You do not need to resubmit the form with each renewal period unless otherwise notified by the Department.