

## **Texas Department of Insurance**

Licensing Division, Mail Code 107-1A 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104 512-322-3503 telephone • 512-475-1819 fax • www.tdi.state.tx.us

## **CE Automatic Fines Transmittal**

Licensee: Please enclose with this form:

- 1. Copies of certificates or other proof of partial compliance you have, if any.
- 2. Check or money order in the amount of \$50 times the number of hours you are deficient.
- 3. This form, completed.

PLEASE COMPLETE THIS FORM ON-LINE AND PRINT. SAVE A COPY!

Date Mailed: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

License Number:\_\_\_\_\_

Purpose of this Payment: Continuing Education Fines

Amount Attached: \$\_\_\_\_\_

## ACCOUNTING: USE 462 & CRE100 - PLEASE RETURN TO LICENSING DIVISION- CONTINUING EDUCATION, MAIL CODE 107-1A