

TSI Testing Services Inc.

124 One Madison Plaza • Suite 1400 • Madison, MS 39110

Exam Registration Form

Social Security Number _____-_____-_____ Date of Birth (MM/DD/YYYY)_____

Name_____

Mailing Address_____

City/State/Zip_____

Telephone Numbers: Daytime (____) _____ Evening (____) _____

Company Represented _____

Company Address_____

Company City/State/Zip_____

Registration confirmation should be sent to: _____ Registrant OR _____ Company

If you would like to have the confirmation faxed, please include a fax number:_____

Exam Location: ___ Ridgeland ___ Oxford ___ Senatobia ___ Meridian ___ Biloxi

Exam desired: ___ Accident & Health (only) ___ Life (only)
 ___ Casualty (only) ___ Personal Lines
 ___ Independent Adjuster ___ Professional Bail Agent
 ___ Combined Life, Accident & Health ___ Property (only)
 ___ Full Lines Property & Casualty ___ Public Adjuster
 ___ Industrial Fire

Test date desired:_____

Enclose money order or check (payable to Testing Services, Inc.) for \$85 per exam. Mail registration form and check or money order to: Testing Services, Inc., 124 One Madison Plaza, Suite 1400, Madison, Mississippi 39110.