



Financial Regulation Division - Agent and Adjuster Licensing Office (107-1A)
333 Guadalupe, Austin, Texas 78701 \* PO Box 12200, Austin, Texas 78711-2200
(512) 676-6500 | F: (512) 490-1054 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

CE AUTOMATIC FINE PAYMENT VOUCHER

Dear Licensee:

Please enclose this completed form with payment in full of your automatic fine for continuing education non-compliance under 28 TEX. ADMIN. CODE §§19.1003 & 19.1016.

Calculating Your Automatic Fine

To determine your compliance with CE requirements, contact TDI or click on "Look up education courses/credit" at www.sircon.com/texas to view your CE transcript.

For each hour of CE you failed to complete during a license term, enclose \$50.00. Please send this form and payment to one of the addresses on the following page. To determine your automatic fine total:

Number of Hours Deficient x \$50.00 = Automatic Fine Total

Note: If you believe the fine to be inaccurate due to an error in your transcript, or believe you should receive an extension or waiver of your CE requirements, please address these issues (see next page) before issuing a full payment of fines using this form.

Your Information

Please complete the following:

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

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

Amount of Full Fine Enclosed: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Accounting: USE 462 and CRE100
PLEASE RETURN TO AGENT AND ADJUSTER LICENSING
FINANCIAL REGULATION, CONTINUING EDUCATION,
MAIL CODE 107-1A

**Mailing Instructions**

Make checks or money orders payable to “**Texas Department of Insurance**”.

Please include this form with any payment.

**Via Regular Mail**

Texas Department of Insurance  
P.O. Box 12200, MC 107-1A  
Austin, Texas 78711

**Via Overnight Mail**

Texas Department of Insurance  
200th E 10th St., MC 107-1A  
Austin, Texas 78701

Please allow 4-6 weeks for processing following receipt by TDI.

**Transcript Errors and Fine Reviews**

To address any errors in your transcript, please send:

- A letter describing the issue; and
- Copies of certificates or other proof of compliance regarding the errors.

For consideration of possible extension or waiver of your requirements, please send per 28 TEX. ADMIN. CODE §19.1004:

- A statement of the exact nature of your illness, medical disability or other extenuating circumstances beyond your control that prevented or will prevent you from completing your requirements, including:
  - o The period of time you were affected by the issue;
  - o Whether the condition is temporary, permanent or unknown;
  - o Whether the issue precluded you from performing the acts of an agent or adjuster; and
  - o An estimate of when you will be able to perform the acts of an agent or adjuster;
- Supporting documentation in the form of medical reports from attending physicians or insurance claims regarding your illness or medical disability referenced in your statement (if applicable)
- Supporting documentation regarding circumstances beyond your control referenced in your statement (if applicable)
- A copy of your order to active duty, including expected duration of assignment (if applicable) and
- Any other information or documentation you think will assist the department.

Please submit your information for review by:

- E-mail to [CE@tdi.texas.gov](mailto:CE@tdi.texas.gov), with “CE Appeal” in the subject line;
- Mail to the addresses above; or
- Fax to (512) 490-1054.

Please allow two to three weeks for consideration of your request.