



www.dhs.ca.gov/cpltc
 Phone: (916) 552-8990 ♦ Fax: (916) 552-8989



Database Entry Form

Date: _____

please **ADD**

please **UPDATE**

please **DELETE**

Name: _____
First Last

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext: _____ Fax: _____

Email: _____

Note: Below fields are **required**, these fields must be completed as well as the agent must be a Partnership authorized agent to be entered on the database.

Agents/Brokers

Agents Individual License #: _____

LTC Authorized?

Yes No

Partnership Authorized?

Yes No

Partnership CE Training Provided By:

Sandi Kruse Insurance Training

Miley Education & Insurance

Senior Insurance Training Services

Date Partnership CE Training Completed:

Non Agents/Brokers

CMPA/Claims

Other State PLTC

AAA/HICAP

IUDSS

CA State Gvt

Provider

CA County Gvt

Non-Profit Org.

CA City Gvt

Trainer

Consultant

Endorser

Consumer Group

Researcher

Insurer

Other, Please Specify:

Legislator

Media

Other State Gvt