



**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  
208 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 Texas Administrative Code:

- 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:
  - The period of time you were affected by the issue;
  - Whether the condition is temporary, permanent or unknown;
  - Whether the issue precluded you from performing the acts of an agent or adjuster; and
  - 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; OR
- Mail to the addresses above; OR
- Fax to (512) 490-1054.

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