Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

Course : 10835 - SMOKE AND ODOR DAMAGE MITIGATION

Course Category : General

ServiceType : CE Course Completions

Request Date : 10-15-2015

State Texas Requestor Lori H Hart

Confirmation ID	SSN	NPN	Lic Nbr	Name	Status	Reference ID	Error Message
118830575	xxx-xx-6069		1981904	VALERIE MARIE STUART	Processed		
118830577	xxx-xx-6722		1491960	JESSE WAYNE ROBINSON	Processed		
118830576			10456022		Error		The License Number could not be found in the state database.
118830570	xxx-xx-4658		1618575	MELISSA ASHLEY GRIGSBY	Processed		
118830578	xxx-xx-9888		1433642	SHARON DUKE ROBINSON	Processed		
118830569	xxx-xx-5954		1369715	ROBERT SHAWN BLACKMAN	Processed		
118830572	xxx-xx-7228		1436034	MEIA COX	Processed		
118830573	xxx-xx-4776		1210370	JANICE BICKFORD MCCARTER	Processed		
118830574	xxx-xx-1326		1602150		Error		The Last Name does not match the person identified by the License Number.
118830571	xxx-xx-9047		1757891	JASMIN PEARL CARDINALE	Processed		
			Gene	erate Certificat	<u>es</u>		
		Co	ontinue Pro	cessing	Main Men	1	

Continuing Education Course Completions in the State of Texas

Confirmation Provider : 363747477 - SERVICEMASTER CLEAN Course 10835 - SMOKE AND ODOR DAMAGE MITIGATION Course Category : General ServiceType : CE Course Completions Request Date : 10-15-2015 State : Texas Requestor : Lori H Hart Confirmation SSN Reference Error NPN Lic Nbr Name **Status** Message 1456022 HOLLY LYNN 118830755 xxx-xx-7717 Processed WILLENG RAYFORD 118830754 xxx-xx-1326 1602150 BRELAND Processed GUSTAFSON **Generate Certificates** Continue Processing Main Menu

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Course Number: 10835 Course Name: SMOKE AND		ering Number (optional): ION	31672	
Total Credit Hours: 3.0	, as follows			
General 3.0				
Course certified as: Classi	room			
THIS HEREBY CERTIFIES THAT	VALERIE MARIE STUART	, 1981904		
	(Name AS ON LICENS	SE) (License Nu	mber)	
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.				
Course Completion Date:	10-14-2015			
The above Continuing Edu	cation credits have been	ı submitted for official bar	nking by:	
Provider Number: SERVICEMASTER CLEAN				
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027				
LICENSEE must retain for	at least four years.			
Prepared on:		10-15-2015		

Course Number: 10835 Course Name: SMOKE A	Offering Nur ND ODOR DAMAGE MITIGATION	mber (optional): 31672		
Total Credit Hours: 3.0	, as follows			
General 3.0				
Course certified as: Class	ssroom			
THIS HEREBY CERTIFIES TH	JESSE WAYNE ROBINSON (Name AS ON LICENSE)	, 1491960 (License Number)		
has taken and successfu Education. This course o Insurance in accordance	lly completed on this day the above f study has been filed and approved	course of study for Continuing		
Course Completion Date	: 10-14-2015			
The above Continuing Education credits have been submitted for official banking by:				
Provider Number: SERVICEMASTER CLEAN				
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027				
LICENSEE must retain fo	or at least four years.			
Prepared on:		10-15-2015		

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): 31672 IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT MELISSA ASHLEY GO (Name AS ON LIC	,
has taken and successfully completed on this e Education. This course of study has been filed Insurance in accordance with its regulations.	day the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 10-14-2015	
The above Continuing Education credits have	been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	10-15-2015

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): 31672 IGATION			
Total Credit Hours: 3.0 , as follows				
General 3.0				
Course certified as: Classroom				
THIS HEREBY CERTIFIES THAT SHARON DUKE ROP	BINSON 1433642			
THIS HEREBY CERTIFIES THAT SHARON DUKE ROS (Name AS ON LIC	CENSE) (License Number)			
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.				
Course Completion Date: 10-14-2015				
The above Continuing Education credits have been submitted for official banking by:				
Provider Number: SERVICEMASTER CLEAN				
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027				
LICENSEE must retain for at least four years.				
Prepared on:	10-15-2015			

Course Number: 10835 Course Name: SMOKE	Offering Nur AND ODOR DAMAGE MITIGATION	mber (optional); 31672
Total Credit Hours: 3.0	, as follows	
General 3	3.0	
Course certified as: C	lassroom	
THIS HEREBY CERTIFIES 1	THAT ROBERT SHAWN BLACKMAN	,1369715
	(Name AS ON LICENSE)	(License Number)
has taken and successi Education. This course Insurance in accordance	fully completed on this day the above of study has been filed and approved e with its regulations.	e course of study for Continuing d by the Texas Department of
Course Completion Dat	e: 10-14-2015	
The above Continuing E	Education credits have been submitte	ed for official banking by:
Provider Number: SERVICEMASTER CLEAN	I	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain	for at least four years.	
Prepared on:		10-15-2015

Course Number: 108 Course Name: SMO	835 KE AND ODOR DAMAGE MITIC	Offering Numbe GATION	r (optional); 31672	
Total Credit Hours:	3.0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	S THAT MEIA COX		1436034	
	(Name AS ON LICE	NSE)	(License Number)	
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.				
Course Completion [Date: 10-14-2015			
The above Continuing Education credits have been submitted for official banking by:				
Provider Number: SERVICEMASTER CLEAN				
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1				
LICENSEE must reta	in for at least four years.			
Prepared on:		10)-15-2015	

Course Number: 10835 Course Name: SMOKE AN	Offering Nun ID ODOR DAMAGE MITIGATION	nber (optional): 31672		
Total Credit Hours: 3.0	, as follows			
General 3.0				
Course certified as: Class	sroom			
THIS HEREBY CERTIFIES THA	JANICE BICKFORD MCCARTER (Name AS ON LICENSE)	, 1210370		
	(Name AS ON LICENSE)	(License Number)		
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.				
Course Completion Date:	10-14-2015			
The above Continuing Education credits have been submitted for official banking by:				
Provider Number: SERVICEMASTER CLEAN				
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027				
LICENSEE must retain for	at least four years.			
Prepared on:		10-15-2015		

Course Number: 10835 Off Course Name: SMOKE AND ODOR DAMAGE MITIGAT	fering Number (optional): 31672 TON
Total Credit Hours: 3.0 , as follows General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JASMIN PEARL CARDINA (Name AS ON LICEN	ALE , 1757891 SE) (License Number)
has taken and successfully completed on this day Education. This course of study has been filed and Insurance in accordance with its regulations.	
Course Completion Date: 10-14-2015	
The above Continuing Education credits have been	n submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	10-15-2015

Offering Number (optional): 31672

Course Number: 10835

Course Name: SMOKE AND ODOR DAMAGE MITIGATION

Total Credit Hours: 3.0 , as follows General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT HOLLY LYNN WILLENG (Name AS ON LICENSE)	_, <u>1456022</u> (License Number)
has taken and successfully completed on this day the above of Education. This course of study has been filed and approved Insurance in accordance with its regulations.	ourse of study for Continuing
Course Completion Date: 10-14-2015	
The above Continuing Education credits have been submitted Provider Number: SERVICEMASTER CLEAN	for official banking by:
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	10-15-2015

Course Number: 10835 Offering Number (optional): 31672 Course Name: SMOKE AND ODOR DAMAGE MITIGATION
Total Credit Hours: 3.0 , as follows General 3.0
Course certified as: Classroom
THIS HEREBY CERTIFIES THAT RAYFORD BRELAND GUSTAFSON III , 1602150 (Name AS ON LICENSE) (License Number)
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.
Course Completion Date: 10-14-2015
The above Continuing Education credits have been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027
LICENSEE must retain for at least four years.
Prepared on: 10-15-2015