

SBS License Exam File Standard Format - NE Exam

Field Name	Required	Start	End	Length	Comments
Name	Y	1	30	30	Last Name, First Name Middle Name
Social security number	Y	31	39	9	No formatting (no dashes)
					NE Title = 13 NE Public Adjuster = 23 NE Property Insurance Producer = 03 MD Property and Casualty Producer (Combo) = 60 MD Property and Casualty Adviser = 22 MD Personal Lines = 55 MD Personal and Commercial Automobile = 11 MD Life, Accident and Health Producer (Combo) = 70 MD Life, Accident and Health Adviser = 21 MD Life Insurance Producer = 01 MD Casualty Insurance Producer = 04 MD Accident and Health Insurance Producer = 02
Exam type	Y	40	41	2	MD Accident and Health Insurance Producer = 02
Filler or License Effective Date	N	42	49	8	Blank
Filler or Company Number	N	50	59	10	Blank
Apartment number	N	60	65	6	
PO box	N	66	71	6	
Street address	N	72	101	30	
City	N	102	121	20	
State	N	122	123	2	
Zip code (5)	N	124	128	5	No formatting (no dashes)
Zip code (4)	N	129	132	4	No formatting (no dashes)
County code	N	133	134	2	
Birth date	N	135	142	8	MMDDYYYY
Phone (area code)	N	143	145	3	###
Phone (exchange)	N	146	148	3	###
Phone (number)	N	149	152	4	####
Disqualification q 1	N	153	153	1	Blank
Disqualification q 2	N	154	154	1	Blank
Disqualification q 3	N	155	155	1	Blank
Disqualification q 4	N	156	156	1	Blank
Multi-part Indicator	N	157	157	1	Blank
Disqualification q 5	N	158	158	1	Blank
Response	Y	159	159	1	P' (Pass), 'F' (Fail), 'A' (Absent), 'Y' (Pass), and 'N' (Fail)
Filler or License Fee Paid	N	160	166	7	Blank
School code	N	167	171	5	Blank
Qual code (W,P,E,C)	N	172	172	1	Blank
Schl complt/waiver date	N	173	180	8	Blank
Exam date	Y	181	188	8	MMDDYYYY - Date individual took the exam (admin_date)
Cert/waiver expire date	N	189	196	8	Blank
Test Center code	N	197	202	6	Test Center code. It should be blank.
Filler	N	203	209	7	