

PRE-LICENSING REGISTRATION FORM FOR BAIL BOND LICENSE

2012 Class Schedule

Fill out the registration form and be sure to include your money order payable to NCBAA or complete credit card information and fax to 919-832-1337.

NOTE: Tuition must be received no later than 5:00pm the Wednesday before the date of the class you plan to attend.

Pre-Licensing Class Fee: \$ 500.00

Make Money Order or Certified Check Payable To: NCBAA

Mail To: PO Box 19663
Raleigh, North Carolina, 27619

| | | |
|--|---------------|-------|
| Full Legal Name | DATE OF BIRTH | |
| Preferred Mailing Address | DL # | STATE |
| City/State/Zip | | |
| Daytime Phone _____ Fax _____ | | |
| Please indicate any special needs services you require and allow a minimum of 10 business days for requirement arrangements. | | |

Circle the date of the class you wish to attend:

2012 Pre-Licensing Schedule

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|----------|----------|-----------|----------|
| January | 9-10-11 | July | 23-24-25 |
| February | 13-14-15 | August | 20-21-22 |
| March | 5- 6- 7 | September | 17-18-19 |
| April | 23-24-25 | October | 8- 9-10 |
| May | 14-15-16 | November | 12-13-14 |
| June | 11-12-13 | December | 10-11-12 |

Note: Pre-licensing classes are held at the McKimmon Center in Raleigh, North Carolina. The Center is located on NC State Campus. Classes are 8:40am to 4:30pm Monday and 9:00am to 4:30pm Tuesday and Wednesday.

Late arrivals will not be admitted.

The North Carolina Bail Agents Association conducts activities and procedures without regard to race, creed, color, national origin, gender or disability.

You may move to a different class date by notifying the office of your required change. Rescheduled classes must be taken in the same calendar year as the original class request. Student substitutions may be allowed with prior office approval (same calendar year rule applies). Only \$250.00 of tuition is refundable if you decide not to take any class. Request for refund must be made in writing and received within the same month as the requested class date. **NO REFUND FOR TAKEN CLASS. There will be a \$25.00 return check fee charge per check for any returned check(G.S. 6-21-3)**

I would like to pay for my class by Credit Card.

PLEASE PRINT

_____ Visa _____ MasterCard _____ AMEX Amount to be Charged ___\$500.00___

Credit Card # _____ Exp. Date _____

Security Code _____

Name on Card _____

Credit Card Billing Address _____

Signature _____

Fax completed form to 919-832-1337 - all information must be filled in. NCBAA is **not** responsible for contacting applicant about incomplete form or denied charges.