

Pre-licensing Registration Form

Fill out the registration form and be sure to include your money order payable to NCBAA. Tuition must be received no later than 5:00 p.m. the Wednesday before the date of the class you plan to attend.

Pre-licensing Class Fee \$300.00
Make Money Order Payable to NCBAA
Mail To: PO Box 19663
Raleigh, NC 27619

Student's Legal Name _____

Mailing Address _____

A confirmation letter will be mailed to you at the address provided above.

City/State/Zip _____

Daytime Phone _____

Please indicate any special needs services you require and allow a minimum of 5 business days for requirement arrangements. _____

Circle the date of the class you wish to attend:

2008 Pre-licensing Schedule

January 14-15	April 7-8	July 7-8	October 13-14
February 18-19	May 12-13	August 11-12	November 10-11
March 10-11	June 9-10	September 8-9	December 8-9

Pre-licensing classes are held at the McKimmon Center in Raleigh. The center is located at 1101 Gorman Street, Raleigh 27606. Classes are 8:40 a.m. to 4:30 p.m. Monday and 9:00 a.m. to 4:30 p.m. Tuesday. **Late arrivals will not be admitted!**

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). \$150.00 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. There will be a \$25.00 plus bank fee charge per check for any returned check (N.C.G.S. 6-21-3).

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

I would like to pay for my class by Credit Card. **PLEASE PRINT CARD INFORMATION**

_____ Visa _____ MasterCard Amount to be charged \$300.00

Credit Card # _____ Expiration Date _____

Security Code (3digit code on back of card) _____

Name on Card _____

Credit Card billing Address _____

Signature (required) _____

Fax credit card payment form to 919-832-1337
Credit card information must be clearly printed, easy to read and complete.
The transaction must be processable by class deadline or the registration is invalid.