

# 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

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.