



# NORTH CAROLINA BAIL AGENTS ASSOCIATION

1220 Eastchester Dr., Ste 104, High Point, NC 27265 | Office: 919-832-0867

## BAIL BONDING PRE-LICENSING CLASS REGISTRATION FORM

For immediate confirmation, online registrations can be simply and quickly submitted at [www.ncbaa.com](http://www.ncbaa.com). If you prefer, you may fill out this registration form and include your certified check or money order (payable to NCBAA) or complete credit card information section at the bottom. Completed forms may be submitted by:

**Mail: 1220 Eastchester Dr., Ste 104, High Point, NC 27265 | Fax: 866-249-7020 | Email: [info@ncbaa.com](mailto:info@ncbaa.com)**

**Pre-Licensing Class Fee: \$400**

Full Legal Name		Date of Birth	
Preferred Mailing Address	City	State	Zip Code
Phone Number	Email	Driver License Number	

**Please provide the PLE class details in which you are registering for:**

\_\_\_\_\_ - \_\_\_\_\_, 2020 - \_\_\_\_\_  
 Month      Date1      Date2      Year      City of Class  
*Example: February 23 – 24, 2019 - Raleigh*

NCBAA's PLE class schedule is available on our website ([www.ncbaa.com](http://www.ncbaa.com)) or by calling the NCBAA office (919-832-0867).

Note: Pre-Licensing class location will be listed in your confirmation email. Classes are 9:00 a.m. to 5:00 p.m. each day.

**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, disability, sexual orientation or gender identity. Please indicate any special needs you require and allow a minimum of 5 business days for required arrangements.

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 \$225.00 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.

My check for \$\_\_\_\_\_ is enclosed. (Make checks payable to "NCBAA")  
Please charge \$\_\_\_\_\_ to my credit card. (Complete authorization section below)

**Credit Card Authorization (complete only if paying by credit card):**

Credit Card Type:     MasterCard     Visa     American Express     Discover Card

_____	_____	_____
Credit Card Number	Exp.	Security Code
_____	_____	_____
Cardholders Name	Cardholders Signature	Date