



# North Carolina Department of Insurance

## APPLICATION FOR BAIL BOND PRELICENSING EDUCATION (PLE) PROVIDER APPROVAL

**FOR INTERNAL USE ONLY:** Assigned Provider Number \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Course(s) Requesting Approval {Indicate Course(s) and Provide all Requested Information}**

<b>Professional Bail Bondsman</b>	<b>Requesting Approval</b>	_____	_____
		(yes)	(no)
<b>Surety Bail Bondsman</b>	<b>Requesting Approval</b>	_____	_____
		(yes)	(no)
<b>Bail Bond Runner</b>	<b>Requesting Approval</b>	_____	_____
		(yes)	(no)

**Full name of your Instructor(s) and the course(s) to be conducted. If additional space is necessary, attach additional sheet(s).**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(If not currently approved, attach Prelicensing Education Instructor Approval form (BBRD-BB-PEIA) with attachments.)

**Location(s) where course(s) are to be conducted (provide name of facility and address). If additional space is necessary, attach additional sheet(s)**

(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

**Qualifications:**

1. Are you or have you ever been a provider of prelicensing education in another state and if so what state(s)? \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever had your provider authority suspended or revoked and if so give the provider name and the state(s)? \_\_\_\_\_

3. Has the prelicensing education provider or any of its owners, directors, officers, LLC members, LLC managers, partners, or individuals ever been convicted of or currently charged with committing a crime, whether or not adjudication was withheld? \_\_\_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If yes, attach a statement providing complete details, a copy of the charging document and a copy of the official document that demonstrates the resolution of the charges or any final judgment.

I certify that the answers and information herein are true and correct to the best of my knowledge. I understand that disclosure of false information constitutes grounds for authority denial.

\_\_\_\_\_  
Authorized Signature

I hereby certify that we will make Bail Bond Candidate Guides available to bail bond licensing candidates enrolled in our Pre-licensing Education program.

\_\_\_\_\_  
Authorized Signature

I hereby certify that we will comply with the Federal Americans with Disabilities Act in general and specifically comply with sections of the ADA regarding classroom accessibility and auxiliary aides.

\_\_\_\_\_  
Authorized Signature

**ATTACHMENTS:**

1. Instructor Approval Form (if not previously approved)
2. Schedule Reporting Form

**NO FEES REQUIRED**

**Mail to: NC Dept of Insurance, Bail Bond Regulatory Division, 1201 Mail Service Center, Raleigh, NC 27699-1201**

**COURSE APPROVAL WILL BE GRANTED IN ACCORDANCE WITH STATE REGULATIONS UPON REVIEW BY THE DEPARTMENT OF INSURANCE.**