



North Carolina Department of Insurance

APPLICATION FOR INSTRUCTOR APPROVAL FOR BAIL BOND CONTINUING EDUCATION (CE) COURSES

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

Instructor qualifications: 5 or more total years experience in the following: 1) the NC bail bond industry 2) full-time employee of a surety insurance company 3) NC law enforcement or the judicial system 4) skip tracer 5) private investigation **or** 6) banking, certified public accountant or other profession related to business management principles. **Attach a resume providing work experience and educational background.**

Instructor applicant shall submit to a personal interview by the BBRD Division. A written history of courses taught by the applicant or other documentation is required to verify the applicant's qualifications to instruct approved courses.

1. Full Name _____

2. Residence Address: _____
(Street/P. O. Box) (City) (State) (Zip)
Phone () _____ Email _____

3. Business Name: _____ Phone () _____
Business Address: _____
(Street/P. O. Box) (City) (State) (Zip)

4a. Have you ever been denied a bail bond license or had any professional/occupational license suspended, revoked, or surrendered in North Carolina or elsewhere? ___Yes ___No
If yes, please attach a statement providing complete details, a copy of the Notice of Hearing or other document that states the charges and allegations, and a copy of the official document that demonstrates the resolution of the charges or any final judgment.

4b. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? ___Yes ___No
“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.

5. Signature of Applicant

I certify that the information provided on this application and all attachments are true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

Signature

Date

Continuing Education Provider Certification:

I, the undersigned, do hereby certify that all information provided herein is true and correct. Additionally, I certify that the instructor named above meets the qualifications to teach bail bond continuing education courses and will ensure that the instructor complies with all program requirements. I am aware that any failure to abide by the requirements may result in the termination of this provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.

Signature/Provider Name

Date