

**North Carolina Department of Insurance  
Bail Bondsman/Bail Bond Runner License Application**

Please check only one type of license:	
<input type="checkbox"/> Professional Bail Bondsman	-\$263.00
<input type="checkbox"/> Surety Bondsman	-\$263.00
<input type="checkbox"/> Bail Bond Runner	-\$183.00
Print clearly in blue or black ink.	

Social Security Number: \_\_\_\_\_

National Producer Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other names used since the age of 18 (maiden name, aliases): \_\_\_\_\_

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(PO Boxes not accepted)

Mailing Address if different from above: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Business E-Mail address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you a citizen of the United States? Circle one: YES NO

If no, of which country are you a citizen? \_\_\_ Yes \_\_\_ No If no, you must supply proof of eligibility to work in the United States.

**Background Information**

1. \_\_\_ Yes \_\_\_ No Do you currently hold a valid bail bond license of any type?  
If yes, please check and complete the following:  
\_\_\_\_ Professional Bondsman  
\_\_\_\_ Bail Bond Runner, employed by \_\_\_\_\_  
\_\_\_\_ Surety Bondsman, name of insurance co. \_\_\_\_\_
2. \_\_\_ Yes \_\_\_ No Have you previously held a professional bail bondsman, bail bond runner or surety bondsman license? If yes, please check and complete the following:  
\_\_\_\_ Professional Bail Bondsman Dates Held \_\_\_\_\_  
\_\_\_\_ Bail Bond Runner Dates Held \_\_\_\_\_ Employed by \_\_\_\_\_  
\_\_\_\_ Surety Bondsman\* Dates Held \_\_\_\_\_  
\*Surety bondsmen must attach to this application a notarized **Affidavit for Appointment Form** from every previous surety company.
3. \_\_\_ Yes \_\_\_ No Have you ever been **convicted**, or are you **currently charged with**, committing a crime, whether or not adjudication was withheld?  
**If yes, attach (a) a written statement explaining the circumstances of each incident; (b) a copy of the charging document, and (c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. A juvenile offense is an offense adjudicated through the juvenile justice system pursuant to Chapter 7B of the North Carolina General Statutes. Any offense adjudicated through the regular criminal justice system, where the defendant was tried and convicted as an adult, is not a juvenile offense and must be reported on this application, regardless of the age of the defendant at the time of conviction.**
4. \_\_\_ Yes \_\_\_ No Have you ever had administrative action taken against a professional or occupational license or registration, including but not limited to the denial, suspension, or revocation of any license in this State or any other jurisdiction or by any other licensing organization? **If yes, attach details.**
5. \_\_\_ Yes \_\_\_ No Have you ever failed to pay State income tax or comply with any administrative or court order directing payment of State income tax after entry of a final judgment or order finding the violation to have been willful? **Please attach a copy of your payment agreement.**
6. \_\_\_ Yes \_\_\_ No Are you or your spouse a sheriff, deputy sheriff, other law enforcement officer, judicial official, attorney, parole officer, probation officer, jailer, assistant jailer, employee of the general court of justice or other public employee assigned to duties relating to the administration of criminal justice, have power of arrest, or have anything to do with Federal, State, County or Municipal prisoners? **If yes, clearly specify in attachment.**
7. \_\_\_ Yes \_\_\_ No Do you individually and/or jointly have any civil judgments or decrees outstanding against you as of the date of this application? If yes, attach a copy of each judgment including name, date, amount, county, and file number. **Attach repayment agreement and proof of payments or an explanation of why payments are not being made.**
8. \_\_\_ Yes \_\_\_ No Are you currently in a business association or agreement with a person who has been disqualified pursuant to NCGS 58-71-80(a)(13)? **If yes, attach explanation.**
9. \_\_\_ Yes \_\_\_ No Do you have a child support obligation in arrears? **If yes, attach details indicating (a) how many months you are in arrears, (b) the reason you are in arrears, and (c) a recent payment history.**
10. \_\_\_ Yes \_\_\_ No Are you currently a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, or unlawful withholding of moneys belonging to insurers? If yes, attach (a) a written statement summarizing the details of each incident, (b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and (c) a copy of the official document which demonstrates the resolution of the charges.
11. \_\_\_ Yes \_\_\_ No Has any demand been made or judgment rendered against you for overdue monies by an insurer or others received in the conduct of business? **If yes, attach explanation and supporting documents, including repayment agreement and proof of payments.**

**Proof of Residency in North Carolina (attach two in addition to NCDL)**

Directions: Each applicant must provide a valid NC Drivers License and at least two other of the documents listed in this section. Check two boxes and provide attachments.

Pay stub showing the applicant's residential address

Utility bill showing the applicant's residential

Lease agreement or contract for purchase and sale signed by the applicant for a residence located in NC

**REQUIRED**

NC Drivers License # \_\_\_\_\_  
or Identification card # issued by DMV # \_\_\_\_\_

Receipt for real property taxes paid by applicant to a NC unit of local government

Receipt for personal property taxes paid by applicant to a NC unit of local government

A monthly or quarterly statement showing the applicant's residential address in NC issued by a financial institution for an account held by the applicant

**\*Name Affidavit**

I, \_\_\_\_\_ hereby declare that I have been known by the following names or nicknames over the

Full Legal Name (Printed or Typed)

course of my lifetime:


I hereby certify that I am one and the same person who is identified by each of the names listed above.

\_\_\_\_\_  
Original Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

(SEAL)  
\_\_\_\_\_  
Notary Date

**For Professional Bondsman Applicant Only:**

**POWER OF ATTORNEY AUTHORIZING THE COMMISSIONER OF INSURANCE TO SELL OR TRANSFER SECURITIES  
DEPOSITED BY PROFESSIONAL BONDSMEN IN NORTH CAROLINA**

Upon successful completion of the professional bail bond examination, a securities deposit must be established by the applicant in the bank authorized by the Commissioner to hold these securities in an amount no less than fifteen thousand dollars (\$15,000) prior to Professional Bail Bondsman license issuance.

I, \_\_\_\_\_, hereby authorize and appoint for myself, my successors, heirs and assigns, the Commissioner of Insurance of the State of North Carolina, in the name and in behalf of said professional bondsman, my true and lawful attorney to sell or transfer any securities deposited or that may be deposited, by said professional bondsman with said Commissioner, under the laws and regulations of the State of North Carolina, insofar as the sale or transfer is deemed necessary by the Commissioner of Insurance to pay any liability arising under a bond which purports to be given by the undersigned bondsman in any County in this State and execution has been issued against said bondsman pursuant to a judgment on the bond and the same has not been satisfied. The securities so deposited are to be held in trust by the Commissioner for the sole protection and benefit of the holder of bail bonds executed by or on behalf of the undersigned bondsman.

\_\_\_\_\_  
Professional Bondsman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(SEAL)  
Notary Date

**For Bail Bond Runner Applicant Only**

**POWER OF ATTORNEY APPOINTMENT OF BAIL BOND RUNNER**

Know all men by these present, that \_\_\_\_\_, of North Carolina, has made, \_\_\_\_\_

(Professional Bail Bondsman)

(Bail Bond Runner Applicant)

constituted, and appointed, and by these present does make, constitute, and appoint \_\_\_\_\_ his true and lawful attorney in fact and lawful runner

(Bail Bond Runner Applicant)

as defined by North Carolina General Statute 58, Article 71, for said professional bondsman to do and perform the following matters and things: **To execute appearance bonds of individuals before the General Court of Justice, District Court Division, and Superior Court Divisions of State of North Carolina.** And I do hereby ratify and confirm all things, so done by my said attorney-in-fact, within the scope of the authority herein given him, fully and to the same extent as by me personally performed. This Power of Attorney shall continue and exist in being until withdrawn by me in writing.

\_\_\_\_\_  
Professional Bondsman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(SEAL)  
Notary Date

**Sponsoring Company Certification and Attestation (For Surety Bondsman Applicant Only)**

The official signing below certifies that the company has investigated and is satisfied that this appointee is trustworthy and meets all other licensure qualifications of the North Carolina General Statutes. The surety insurer signing below certifies that the company will give its power of attorney to the surety bondsman appointed herein to execute or countersign bail bonds for such insurer. We hereby apply for a license to be issued to this person and certify that the applicant has sufficient education, training or experience to attain the competence necessary to fulfill the responsibilities of a surety bondsman.

\_\_\_\_\_  
Sponsoring Company

\_\_\_\_\_  
Signature of Company Official

(COMPANY SEAL)

\_\_\_\_\_  
Date

**Supervising Bail Bondsman Certification and Attestation (For Surety Bondsman or Bail Bond Runner Applicant Only)**

SWORN SUPERVISION STATEMENT BY SUPERVISING BAIL BONDSMAN FOR FIRST YEAR BAIL BOND LICENSEE

\_\_\_\_\_ (Applicant) will be supervised by \_\_\_\_\_ (Supervising Bail Bondsman) a licensed NC bondsman who hereby obligates himself to supervise the applicant's work and to be responsible for the applicant's conduct in the bail bond business. I hereby certify that the applicant will operate from my official business address pursuant to NCGS 58-71-41(a).

Signature: \_\_\_\_\_  
Supervising Bail Bondsman

\_\_\_\_\_  
Supervising Bail Bondsman License Number

**Applicant's Certification and Attestation**

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information and omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Commissioner of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
3. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the bail bond laws and regulations governing bail bonding in North Carolina and will comply with the requirements set forth therein

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Signature of Applicant

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Attachments**

- o Check or money order for proper fee
- o Certificate of Pre-Licensing Education (PLE)
- o The completed SBI Form certified by an authorized law enforcement officer that the applicant's fingerprints were electronically submitted. **(Do not get fingerprints until you complete PLE and are ready to submit this application)**
- o All attachments required by your answers to screening questions
- o A copy of your current valid North Carolina driver's license (or valid North Carolina identification card issued by the Division of Motor Vehicles)
- o Documents showing proof of residency in NC for at least six months.
- o Proof of High School Diploma or equivalent.
- o Pursuant to NCGS 58-71-80(b) and (b)(2) an applicant is not eligible for licensure if the applicant has ever been convicted of a felony or been convicted of a misdemeanor drug violation under Article 5 of Chapter 90 of the General Statutes within the previous 24 months of the date of the application for the license." *(Eligibility Requirement as of 08/15/2009)*



# CAUTION

## LAW ENFORCEMENT CHECKLIST

1. Check for Photo ID of Applicant



2. Choose "Applicant" Work-Flow on the Live-scan device

3. Follow the Electronic Fingerprint Submission



Release of Information form for the Applicant Work-Flow

4. Fingerprints are automatically submitted to the SBI after the option to print a fingerprint card

5. Please contact the Applicant Unit at

919-662-4509 Ext 6330, 6366, 6397 for

any additional assistance





ROY COOPER  
ATTORNEY GENERAL

NORTH CAROLINA  
STATE BUREAU OF INVESTIGATION  
DEPARTMENT OF JUSTICE

3320 GARNER ROAD  
PO Box 29500  
RALEIGH, NC 27626-0500  
(919) 662-4500  
FAX: (919) 662-4523



ROBIN P. PENDERGRAFT  
DIRECTOR

**ELECTRONIC FINGERPRINT  
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my application for license with the Department of Insurance – Agent Services Division pursuant to NCGS 58-71-51. (Bail Bondsmen and Runners)

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

\_\_\_\_\_  
Applicant/Licensee's Signature

\_\_\_\_\_  
Date

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

*Teresa Knowles*  
\_\_\_\_\_  
Agency Authorized Official's Signature

*05-01-2012*  
\_\_\_\_\_  
Date

Teresa Knowles

Authorized Official's Printed Name

1204 Mail Services Center, Raleigh, NC 27699  
Agency Address

(919) 807-6800  
Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Date

Agency Seal/Certification \_\_\_\_\_



A Nationally Accredited State Agency



An ASCLD/LAB Accredited Laboratory Since 1988

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Employer and Address: DOI – Agent Services  
Division 1204 Mail Service Center, Raleigh NC  
27699

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Reason Fingerprinted:  
Bail Bondsmen  
State and Fed Search  
§NCGS 58-71-51

Race: \_\_\_\_\_  
(write the appropriate letter in the space provided)

Social Security Number: \_\_\_\_\_  
(\*Optional)

W – White, B – Black, I – American Indian,  
A – Asian or Pacific Islander, U -Unknown

Your Case No. (OCA): BAILB0001

Height: \_\_\_\_\_

Type of Transaction:   NFUF  

Weight: \_\_\_\_\_

NC FP Card Type:   OTH  

Eye Color: \_\_\_\_\_  
(write the appropriate letters in the space provided)

BLK – Black    GRY – Gray    MAR – Maroon  
BLU – Blue    BRO – Brown    GRN – Green  
HAZ – Hazel    PNK – Pink    XXX – Unknown

Hair Color: \_\_\_\_\_  
(write the appropriate letters in the space provided)

BAL – Bald    BLK – Black    BLN – Blonde or Strawberry  
BRO – Brown    GRY – Gray or partially  
RED – Red or Auburn    SDY -Sandy

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.