

National Association of Bail Enforcement Agents

Executive Director: Mel Barth



Course Registration I wish to apply for classroom training from the National Association of Bail Enforcement Agents. Enclosed is my **non-refundable deposit** of Fifty (\$50) dollars U.S. Currency, with a remaining balance due of Three hundred and ten (\$310) dollars U.S. I understand that I must attend all portions of the Class to be eligible for certification. Class will consist of three days of training totaling approximately 22 to 24 hours. This certification will then qualify the graduate for membership in the National Association of Bail Enforcement Agents. Some of the benefits of membership in the NABEA are: Credentials recognized by Law Enforcement Agencies on down to local Law Enforcement; 24 Hour Credential verification service; Membership Certificate; Quarterly newsletter; State to State Bail Enforcement information; Case assistance; Referral service; Networking; Discounts on Training (Security, armed / unarmed; Personal Protection Specialist (VA Licensed); Firearms Certification, etc) from the Northern Virginia Security Academy; Annual Convention with mandatory continuing education to meet State re-certification requirements; State / Regional activities. I hereby state that I am not a fugitive from justice in this or any other country, that I have never been convicted of a felony, or crime of moral turpitude (rape, theft, sodomy, offences against children, domestic violence, etc). I further affirm that I will not use or divulge any of the information in this training to evade or assist others in evading due process of law. I understand that a background check may be run to verify my statements and information. I also understand that I may submit any items in question in writing to the NABEA for clarification and waiver if necessary.

Name **Date of birth**

Place of birth **Social Security Number**

Address **Apartment#**

City **State** **9 digit Zip code**

Telephone numbers

Home **Work** **Cellular**

Email

Military Service:

Yes **No** **Branch** **Discharge** **type**

I swear / affirm that the above information is true and accurate to the best of my knowledge, and hereby instruct any and an persons and institutions with information on me or my history, to release such information with my fun permission. I hereby hold you harmless for such release of Information as is indicated by my signature below.

Printed name signature date

P.O. Box 129, Falls Church, Virginia 22040 Office (703) 534-4211 Fax (703) 534-9494

<http://www.nabea.com>