

South Carolina Department of Insurance 1201 Main Street, Suite 1000 Columbia, SC 29201

Mailing Address: P.O. Box 100105, Columbia, S.C. 29202-3105 Telephone: (803) 737-6134

APPLICATION FOR PRELICENSING SPONSOR APPROVAL

To Conduct Bail Bondsman/Runner Prelicensing Education

		<u> </u>
Name of School		
Telephone	Fax Number	Email Address
School Mailing Address	Street Address	
City	State	Zip Code
Type of School (Check On	e)	
College/University	Insurance Agency	Insurance Company
Insurance Trade Ass	ociation Private Organization	1
Name of Textbook		
from Prometric.	ensing Guides available to candidates enr	rolled in the school. These guides can be order
from Prometric.		
From Prometric. Signature of Program Dire	ctor Name of I	Program Director (Please Type)
from Prometric. Signature of Program Dire	ctor Name of I	Program Director (Please Type)
From Prometric. Signature of Program Director Location(s) where courses space is necessary, attach	ctor Name of I	Program Director (Please Type) of facility and complete address). If addition
From Prometric. Signature of Program Director Location(s) where course space is necessary, attached. a	ctor Name of I (s) are to be conducted (provide name of additional paper.	Program Director (Please Type) of facility and complete address). If addition
From Prometric. Signature of Program Direct Location(s) where course space is necessary, attach a. b.	ctor Name of I (s) are to be conducted (provide name of additional paper.	Program Director (Please Type) of facility and complete address). If addition
Full name and social securiare.	ctor Name of I (s) are to be conducted (provide name of additional paper.	Program Director (Please Type) of facility and complete address). If additions
Full name and social secunecessary, attach addition.	ctor Name of I (s) are to be conducted (provide name of additional paper.	Program Director (Please Type) of facility and complete address). If additional address and complete address are selected as a selected address.
Full name and social secunecessary, attach a. Full name and social secunecessary, attach addition.	ctor Name of I (s) are to be conducted (provide name of additional paper. Trity number of instructor(s) and the course al paper. (Instructor application SCID Form	of facility and complete address). If additional space in 3618 must be submitted for each instructor.

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ining in complete details.	test in any criminal proceeding? ropriation, conversion or withholdiretails.
ent explaining in complete de	
emic/Operating Officer	
Title	Email Address
Telephone Number	Fax Number
•	e laws and regulations relating to the
	Telephone Number