



South Carolina Department of Insurance

1201 Main Street, Suite 1000, Columbia, South Carolina 29201

Mailing Address:

P. O. Box 100105, Columbia, SC 29202-3105

Telephone: (803) 737-6095

CERTIFICATION OF COMPLETION OF PRELICENSING EDUCATION REQUIREMENTS

Name of Applicant: _____
Last First M.I. Jr., Sr.

Social Security Number or License number (if already licensed in South Carolina): _____

SECTION I. COMPLETION OF PRELICENSING EDUCATION COURSE:

This is to certify that the above applicant has completed the hours of study required by the State for Prelicensing Insurance Education. The completed course is: (check appropriate space below):

_____ 1. 20 hours Bailbondsman Course

School or Sponsoring Entity: _____

Course Name: _____ Edition: _____

South Carolina Course Approval Number: _____

Date Course Completed: _____

Certificate expires 24 months after issued.

Original Signature of Instructor or Other Official

Name and Title (Typed or Printed)

This form must be submitted by the applicant along with the required paperwork. Original form must be submitted.