

State of New Mexico Office of Superintendent of Insurance  
Producer Licensing Bureau  
PO Box 1689, Santa Fe, NM 87504  
Telephone 505-827-4601 Fax 505-827-4373

**BAIL BONDSMEN  
PRE-LICENSING COURSE ATTENDANCE RECORD AND CERTIFICATION FORM**

---

Provider Name \_\_\_\_\_ Provider Id No. \_\_\_\_\_

Provider Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Class Location: \_\_\_\_\_  
Street City State Zip Code

Class Date(s): \_\_\_\_\_

---

**PROVIDER CERTIFICATION**

**NMSA 59A-51-4.1.A**

In order to be eligible to take the examination required to be licensed as a bail bondsman, the applicant shall complete not less than thirty clock hours of formal classroom education in subjects pertinent to the duties and responsibilities of a bail bondsman, including ethics and all laws and rules related to the bail bond business. In addition, the applicant shall complete one hundred twenty hours of on-the-job training under the direct supervision of a sponsoring bail bondsman who shall certify in writing that he has taught the applicant the subjects pertinent to the duties and responsibilities of a bail bondsman, including ethics and all laws and rules related to the bail bond business, and that the applicant is prepared to take the examination. The scope of the examination shall be as broad as the bail bond business.

---

This is to certify that in order to take the examination required to be licensed as a bail bondsman,

Name \_\_\_\_\_

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

Address \_\_\_\_\_,

has completed not less than thirty clock hours of formal classroom education and one hundred twenty hours of on-the-job training in accordance with NMSA 59A-51-4.1.A. I also certify that the person named above was present at this class/training during the times and days indicated and has successfully completed the class/training.

Signature of Sponsoring Bail Bondsman \_\_\_\_\_ Date \_\_\_\_\_

---

**APPLICANT CERTIFICATION**

I CERTIFY UNDER PENALTY OF PERJURY, THAT THESE ARE MY TRUE AND CORRECT CLASS ATTENDANCE AND TRAINING DATES AND HOURS.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_