



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

BAIL BOND APPRENTICESHIP PROGRAM REGISTRATION FORM

Form can be e-mailed to producerlicensing@ldi.la.gov or faxed to (225) 342-3754

APPRENTICE INFORMATION				
Name (First Middle Last)		Social Security Number	Date of Birth	
Telephone Number	e-mail address		Start Date of Apprenticeship	
Resident Street Address		City	State	Zip Code
SUPERVISING PRODUCER INFORMATION				
Name	License Number	e-mail Address		
Affiliated Business Entity Name		Business Entity License Number		
Business Street Address (no PO Box)	City	State	Zip Code	

By filing this registration with the Department of Insurance, I confirm that I understand and will comply with the requirements of the Bail Bond Apprentice Program. The date listed in the Start Date field is at least 10 days from the date this form is filed with the Department of Insurance.

I understand that that the apprentice will work solely under the direct supervision of the licensed individual bail bond producer identified above for three (3) consecutive months and will work no less than twenty-four (24) hours per week.

I understand that the apprentice and the supervising producer shall notify the Department of Insurance within fifteen (15) days if any of the above information changes.

I understand that the supervising producer shall notify the Department of Insurance of the termination of an incomplete apprenticeship within fifteen (15) days.

I understand this apprenticeship will terminate if not completed within six (6) months of the date of initial registration.

I understand that the apprentice must complete a bail bond producer prelicense education program as provided for in R.S. 22:1571 before the end of the apprenticeship program.

I understand I may not participate in the bail bond apprentice program if I am a sexual offender or serial sexual offender as defined in R.S. 15:536.

Signature of Apprentice

Date

Signature of Supervising Producer

Date