

**ACE BAIL BONDS, LLC. FUGITIVE INVESTIGATION TRAINING ENROLLMENT FORM**

Please complete this form entirely and send it, along with payment to: ACE BAIL BONDS, 30 N. 6TH STREET, READING PA 19601  
**DO NOT SEND CASH!**

We accept U.S. Postal Money Orders, or Business/Personal Check (may take up to 5 business days to clear.)

STUDENT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STATE ID #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

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COURSE NUMBER: \_\_\_\_\_ COURSE FEE: \$ \_\_\_\_\_ AMOUNT ENCLOSED: \$ \_\_\_\_\_

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DO YOU CURRENTLY WORK AS A BAIL ENFORCEMENT AGENT? YES [ ] NO [ ] (IF YES, PLEASE EXPLAIN WHERE AND HOW LONG)

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES [ ] NO [ ] (IF YES, PLEASE EXPLAIN BELOW)

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Submitting an enrollment form with payment will reserve a seat for you at the training. Any cancellations must be made prior to one (1) week of the starting date of the training. Any cancellations made within one (1) week of the starting date of training will incur a 50% inconvenience fee of your course fee. If you do not show for training, regardless of your circumstance, the course fee is non-refundable. Some students that take our course may receive an offer of employment with our company, otherwise, you fully understand that by taking this course you are not being offered employment nor is it guaranteed that you will receive employment by us or any other agency, company or individual upon completing this course. This course is for informational purposes only. We will teach you how to obtain employment and how to properly work in this industry. You also understand that any actions you take upon completing this course will be your full responsibility. We will not be held liable for any misconduct or inappropriate actions you may carry out.

By signing below, I agree that I have read and understand the above statement and that the information entered by me on this form is true to the best of my knowledge.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

=====OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE=====

REVIEWED BY: \_\_\_\_\_ APPROVED: YES[ ] NO[ ] If no, explain:

AMOUNT RECEIVED: \_\_\_\_\_ AMOUNT DUE: \_\_\_\_\_