MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION

P.O. BOX 690 JEFFERSON CITY, MO 65102-0690

BAIL BOND AGENT, GENERAL BAIL BOND AGENT, AND SURETY RECOVERY AGENT CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION

CONTINUING EDUCA	ATION CERTIFICATE	OF COURSE COMPLETION	
NOTICE TO PROVIDER:	Retain a list (for each course) containing at least the following information: 1) Provider, 2) Location, 3) Course Title, 4) MO Course Number, 5) Date Course Completed, 6) Number of C.E.C. hours earned, 7) Names of Bail Bond, General Bail Bond or Surety Recovery Agent, 8) Residence Address and 9) National Producer Number (NPN)/ License Number.		
	The provider must complete the Certificate of Course Completion. The student must not complete any part of the Certificate of Course Completion.		
	In order to upload continuing education rosters through Missouri's electronic database, State-Based Systems, you must collect the National Producer Number (NPN) of each student.		
	You may list only one course per Bail Bond Agent, General Bail Bond Agent, and Surety Recovery Agent Continuing Education Certificate of Course Completion.		
	Provider should retain	this information for four (4) years following comp	eletion of course.
NOTICE TO LICENSEE:	•	for record verification. DO NOT SEND THIS SURANCE, FINANCIAL INSTITUTIONS AND F	
NAME OF BAIL BOND, GENERAL BAIL BOND OR SURETY RECOVERY AGENT			ODUCER NUMBER (NPN)/ MBER
RESIDENCE ADDRESS (STREET, CITY, STATE,	ZIP CODE)		
COURSE PROVIDER			
COURSE TITLE			
MISSOURI COURSE NUMBER		DATE COURSE COMPLETED	
NUMBER OF C.E.C. HOURS EARNED	LOCATION		
SIGNATURE OF AUTHORIZED PROVIDER REPP	I RESENTATIVE	DATE	

THIS FORM IS FOR BAIL BOND/GENERAL BAIL BOND/SURETY RECOVERY AGENT RECORD KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION