

# Bail Bond Agent License Application

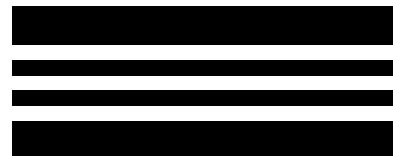
Send this completed form with a check or money order, payable to the Department of Licensing, to:

**Bail Bonds Program  
Department of Licensing  
PO Box 35001  
Seattle, WA 98124-3401**

Telephone: (360) 664-6624

This is an application for:

- Original – **\$500**
- Renewal – **\$575**
- Late renewal – **\$600**
- Transfer – no fee



For validation only 001-000-299-0017



**29917-APPLICATIONS**

## Applicant information

TYPE OR PRINT Name <i>(Last, First, Middle)</i>			Date of birth <i>(mm/dd/yyyy)</i>	
Residence address				
City		State	ZIP code	(Area code) Home telephone number
Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien		Social Security number required*		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
WAOIC number		Name of insurance provider you are authorized to represent		

\*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

## Employer information

Business name		Company license number		Company license expiration date	
Business address <i>(Street address as it appears on the license)</i>					
City		State	ZIP code	County	
(Area code ) Business telephone number			(Area code) Fax number		
To qualify for licensure <i>(Check one)</i>					
<input type="checkbox"/> I am attaching proof of 8 hours of training by a credentialed trainer as described in WAC 308-19-300.					
<input type="checkbox"/> I am requesting to take the written state exam.					

## Certification of training by qualified agent

Name of qualified agent		License number of the bail bond agency/qualified agent	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington, that the above named applicant has successfully completed 4 hours of training as outlined in WAC 308-19-300(1)(B).</i>			
Date and place		<b>X</b> Signature of qualified agent	

**Applicant personal data**

1. If you have ever been convicted of a crime, including juvenile convictions, you must provide complete information about your conviction(s) and include copies of your court records. A determination of your eligibility cannot be made until all documentation is received and a complete criminal history record check has been completed.
- Do not include traffic violations for driving under the influence, driving while suspended, or reckless driving.
  - If you are not sure of your record, please do the research before you apply.

What were you convicted of?	Date	Name of court	City and state	Misdemeanor, gross misdemeanor, or felony?
1.				
2.				

*To show additional convictions, attach pages.*

2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? . . . . .  Yes  No
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? . . . . .  Yes  No

**Exam scheduling**

Exams are given at driver licensing offices across the state. Select the location where you would like to take your exam, putting a "1" for your first choice and a "2" for your second choice. A licensing representative will contact you for scheduling.

Bellingham	Kent	Puyallup (SC)	Union Gap
Bel-Red (SC)	Lynnwood (SC)	Renton	Vancouver (136th Ave)
Bremerton	Olympia	Seattle (25th Ave)	Walla Walla
Clarkston	Omak	Smokey Point	Wenatchee
Everett	Parkland	Spokane (Sprague Ave)	
Federal Way	Port Angeles	Sunnyside	
Kennewick	Port Townsend	Tacoma (Yakima Ave)(SC)	

(SC) - Supercenter

**Applicant authorization and certification**

Do you authorize all organizations and government agencies (local, state, federal, or foreign) to release any information, files, or records requested to this Department to process your application? . . . . .  Yes  No

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Applicant signature

**Providing false information in this application may be cause for the denial, suspension, or revocation of your bail bond agent office license in the state of Washington.**