



WASHINGTON STATE DEPARTMENT OF
LICENSING
 BAIL BOND SECTION
 P.O. BOX 9048
 OLYMPIA, WA 98507-9048
 (360) 664-6624
 FAX (360) 570-7888
 dol.wa.gov
 E-mail: security@dol.wa.gov

Bail Bond Agent License Application



FOR VALIDATION ONLY

001-000-299-0017

Please check one:

- Original \$500**
- Renewal \$500**
- Late Renewal \$600**
- Transfer - No Fee**

Make remittance payable to State Treasurer
 Send this application with your remittance to:
 Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

Applicant Information *Please type or print clearly in dark ink*

Last Name	First Name	Middle Name	Date of Birth
Applicant's Residence Address (<i>Street</i>)			
City	State	Zip	Home Telephone No. ()
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	Social Sec. No. (<i>required -RCW26.23.150</i>)	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Business Information

Business Name	Company License No.	Company License Expiration Date
Business Address (<i>street address as it appears on the license</i>)		
City	State	Zip
Business Telephone No. ()	Fax No. ()	County

Certification Of Training/Examination

State the training you received while working as a trainee and the name of the principal instructor:

This is to certify that _____ has
APPLICANT NAME

successfully completed the training and examination requirements as outlined in WAC 308-19-300.

_____ **X** _____
PRINTED NAME OF QUALIFIED AGENT SIGNATURE OF QUALIFIED AGENT

License Number of the Bail Bond Agency/Qualified Agent: _____ Date _____

Applicant Personal Data



1. Have you been convicted of a crime including juvenile convictions within the last 10 years? **Do not include traffic convictions for driving under the influence, driving while suspended, or reckless driving.** Yes No
- If you answered **YES**, you must list the conviction(s) below and submit a **copy of the court record**.
 - If you fail to provide the requested information, including the court records, your application may be denied.
 - If you fail to disclose a conviction, your application may be denied for misrepresentation. If you are not sure of your record, please do the research before you apply. Application fees are non-refundable.

WHAT WERE YOU ARRESTED FOR?	DATE	CITY AND STATE	NAME OF COURT	OUTCOME OR CONVICTION CLASSIFICATION
1.				
2.				
3.				

For additional convictions, attach a separate peice of paper and follow instructions above.

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, or 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

Applicant Affidavit

I, _____, have carefully read the information herein, and
PRINT APPLICANT NAME
pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of the bail bond agent license in the state of Washington.

Signature of applicant **X** _____ Date _____ / _____ / _____

City _____ State _____

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56