



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 9048
Olympia, WA 98507-9048

Telephone: (360) 664-6624



For validation only 001-000-299-0017

This is an application for:

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

Applicant information

TYPE OR PRINT Name (Last, First, Middle)			Date of birth	
Residence address				
City		State	ZIP code	(Area code) Home telephone
Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien		Social Security number Used for child support enforcement. Kept on file. RCW 26.23.150		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
WAOIC#		Name of insurance provider you are authorized to represent		

Employer information

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

Certification of training

Name of qualified agent		License number of the bail bond agency/ qualified agent	
Certification—Complete this section OR the “In lieu of Certification” section			
<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		X 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.				
3.				

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 certification

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

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

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