



Bail Bond Agency/Branch Office License Application

Send this completed form with any required attachments and a check or money order, payable to the Washington State Treasurer, to:

Bail Bond Program
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048



For validation only
001-000-299-0018 Agency 001-000-299-0019 Branch

Attach a \$10,000 surety bond, obtained from the bonding/insurance company of your choice, in favor of the state of Washington. The surety bond must be in effect and in full force at all times.

In-state corporation/partnership: Attach a copy of the articles of incorporation, a list of officers and directors and their addresses, or the partnership agreement, including names and addresses. Each partner must make application and meet qualifications.

Out-of-state corporation/partnership: Attach the certificate of authority to conduct business in the state of Washington, a list of officers and directors and their addresses, and evidence of current registration with the Washington Secretary of State. Each partner must make application and meet qualifications.

This is an application for:

- Bail bond agency – **\$1,200**
- Branch office – **\$1,200**
- Change of qualified agent – **\$250**
- Renewal – **\$1,150**
- Late renewal – **\$1,200**

Company information

TYPE OR PRINT Company name		(Area code) Telephone number	(Area code) Fax number
Washington State business address (Number, street, and suite or room number)			
City		State WA	ZIP code
Business mailing address (if different)			
City		State	ZIP code
Type of business (check one) <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign corp.		Number of partners (if partnership)	UBI number

If you have an insurance surety license, complete this section

Surety name			
Address			
City		State	ZIP code
Attorney-In-Fact			
Build-up fund name			

If you are a property agency, complete this section

Name of the court(s) that have given approval			
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Qualified agent information (Applicant)

Principal name (Last, First, Middle initial)		Maiden name or aliases		
Home address (Number, street, apartment number)				
City		State	ZIP code	County
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number Used for child support enforcement. Kept on file. RCW 26.23.150		Citizenship status <input type="checkbox"/> US citizen <input type="checkbox"/> Resident alien

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.				

For 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

Qualification criteria

To qualify for a license, you must do one of the following: *(check one)*

- Attach proof of three years (6,000 hours) of experience in Washington State as a manager, supervisor, or administrator in the bail bond business and proof of twelve hours of training as described in WAC 308-19-300.
- Request to take the written state exam by selecting a location from the list below.

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.

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

(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



Bail Bond Agency/Branch Office Surety Bond

Bond no. _____ Effective date of bond _____

Know all persons by these presents: That _____

Check one: Sole proprietor Partnership Corporation

doing business as, _____ as

Principal at the following address: _____,

and _____,

a corporation organized and existing under the laws of the State of _____,
and authorized to transact surety business in the State of Washington, as Surety, are held and firmly bound unto the State of Washington in the sum of Ten Thousand (\$10,000) Dollars lawful money of the United States of America to be paid to the said State of Washington for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of the above obligation is such that: Whereas, the said principal has made application for a Bail Bond Agency license by the Business and Professions Division of the State of Washington for carrying on the business of a Bail Bond Agency within the State of Washington; and is required by Chapter 18.185 RCW, to furnish a bond in the sum of Ten Thousand (\$10,000.00) Dollars with good and sufficient surety, conditioned as required by said law.

Now, therefore, If the said principal will comply with all the provisions of Chapter 18.185 RCW, of the State of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of Chapter 18.185 RCW, and will pay all amounts that may be adjudged against Principal by reason of violation of Chapter 18.185 RCW or any rules or regulations adopted pursuant thereto in the conduct of Principal's business as a Bail Bond Agency, then the above obligation shall be null and void; otherwise to remain in full force and effect.

Provided: That any person having a claim against Principal for damage as a result of any violation by Principal, or his/her agent of Chapter 18.185 RCW, or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the Superior Court of the County in which Principal's business is located, or of any county in which jurisdiction of the Principal may be had.

Provided further: That the aggregate liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. Provided further: That the Business and Professions Division shall be notified thirty (30) days prior to the cancellation of this bond, along with the reason for cancellation or termination of the bond. No bond filed shall be approved unless it expressly provides that it will be effective for two years following the effective date of its cancellation or termination, whether because of expiration, suspension, or revocation of the license, or otherwise, as to any covered act or acts and omission or omissions of the licensee occurring on, or prior to, the effective date of cancellation or termination.

In witness whereof, the said Principal and the said Surety have affixed their hands and seals this _____

day of _____, _____ .

Principal

Surety

Name _____

Business name _____ Attorney-in-fact _____

By _____ Insurance agency name _____
Signator authorized for corporation, partnership, or sole-proprietor

Insurance agent _____

Surety's seal

Agent address _____

Agent telephone number _____