

Bail Bond Agency/Bail Bond Agency Branch Office Application Instructions

1. Complete the application for bail bond agency or bail bond agency branch office.
2. Attach a \$10,000 surety bond, obtained from the bonding/insurance company of your choice, in favor of the state of Washington. **Please note the surety bond must be in effect and in full force at all times.**
3. 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.

4. Include the appropriate licensing fee made payable to the Washington State Treasurer.
5. Return the completed application, supporting documents, and licensing fee to:

**Department of Licensing
Business and Professions Division
Bail Bond Section
PO Box 9048
Olympia, WA 98507-9048**

If you have questions, please call us at (360) 664-6624.



BAIL BOND SECTION
 P.O. BOX 9048
 OLYMPIA, WA 98507-9048
 (360) 664-6624
 FAX (360) 570-7888
 EMAIL: security@dol.wa.gov
 WEBSITE: dol.wa.gov

Bail Bond Agency or Bail Bond Agency Branch Office License Application

| |
|---------------------|
| FOR VALIDATION ONLY |
|---------------------|

001-000-299-0018 AGENCY 001-000-299-0019 BRANCH

Please check one:

- Bail Bond Agency – Fee \$1,200**
- Branch Office – Fee \$1,200**
- Change of Qualified Agent – Fee \$250**

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

Company Information

Please type or print clearly in dark ink

| | | | |
|---|--------------------|----------------------------------|-------------------|
| Company Name | | Telephone No. () | FAX No. () |
| Washington State Business Address (Number, Street, and Suite or Room No.) | | | |
| 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. | | No. of Partners (If Partnership) | UBI No. |
| If you have an insurance surety license, list the surety(s) name, address, the attorney-in-fact, and in whose name the build-up fund is Surety Name _____ Address _____ Attorney-In-Fact _____ Build-up Fund Name _____ If you are a property agency, provide the name of the court(s) that has given approval. _____ | | | |

Qualified Agent Information (Applicant)

| | | | |
|---|---|--|---|
| Principal Name (Last, First, Middle Initial) | | Maiden Name or Aliases | |
| Home Address (Number, Street, Apartment No.) | | | |
| City | State | Zip Code | County |
| Date of Birth | Gender (Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male | Social Sec. No. (Required per RCW 26.23.150) | Citizenship Status (Check One) <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien |
| Requirement under which you will be qualifying for licensure (Check One) <input type="checkbox"/> 3 years' experience as a manager, supervisor, or administrator in the bail bond business or a related field <input type="checkbox"/> Examination - see page 2 | | | |
| Previous WA State Bail Bond Agency, Qualified Agent, or Bail Bond Agent License No. _____ | | | |

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

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360)664-6624 or TTY (360)664-8885.

Applicant Personal Data



1. Have you **ever** 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 sheet of paper and follow the 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

Experience – you must provide proof of your past employment

Please list your experience and attach documentation of your experience of at least 3 years experience as a manager, supervisor, or administrator in the bail bond business or related field.

Start with your most recent (or current) position, then work back.

| | | |
|--|--------------------------|------------------------|
| Type of Experience (<i>Manager, Supervisor, Administrator</i>) | From (<i>Mo-Da-Yr</i>) | To (<i>Mo-Da-Yr</i>) |
| Company Name | | |
| Company Address (<i>Number and Street, City, State, Zip</i>) | | |
| Type of Experience (<i>Manager, Supervisor, Administrator</i>) | From (<i>Mo-Da-Yr</i>) | To (<i>Mo-Da-Yr</i>) |
| Company Name | | |
| Company Address (<i>Number and Street, City, State, Zip</i>) | | |

Examination Scheduling

Select the location you want to be scheduled for the exam. Notification of the exam date will be mailed to you 2-3 weeks after receipt of your application.

| | | | |
|-------------|--------------|---------------------|--------------|
| Auburn | Kennewick | Port Townsend | Tacoma South |
| Bellevue | Kent | Puyallup | Tacoma West |
| Bellingham | Kirkland | Renton | Union Gap |
| Bothell | Lynnwood | Seattle - Downtown | Vancouver |
| Bremerton | Olympia | Seattle - Greenwood | Walla Walla |
| Clarkston | Omak | Smokey Point | Wenatchee |
| Everett | Parkland | Spokane East | |
| Federal Way | Port Angeles | Sunnyside | |

Applicant Affidavit

I, _____, being first duly sworn, depose and say that I

(Print name)

am the qualified agent and authorized to sign for the sole proprietorship, partnership or corporation as indicated in this application. I have carefully read the questions in the foregoing application and have answered them completely, and 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 license to practice as a bail bond agency, bail bond agency branch office, or qualified bail bond agent in the state of Washington.

Date and place _____
City State

Signature of qualified agent **X**

Bail Bond Agency 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

Business Name _____

Name _____

By _____
SIGNATOR AUTHORIZED FOR CORPORATION, PARTNERSHIP, OR SOLE-PROPRIETOR

Attorney-in-fact _____

Insurance Agency Name _____

Insurance Agent _____

Agent Address _____

Agent Telephone No. _____

(Surety's Seal)