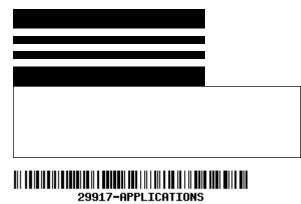


Bail Bond Agent License Application

Apply online: https://professions.dol.wa.gov

Or mail 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



For questions or language help call (360) 664-6611

_									
Fees									
□ Original –\$540 □ Renewal –\$615									
•									
□ Late renewal penalty-\$650□ Association fee-\$25									
Licenses are available for self-printing with an online a	ccount.								
If you want us to print and mail your license add a \$5 print fee for each copy to your payment.									
☐ \$0 self-print license online.		. •							
\square \$5 each. DOL print and mail license. Quantity	_ Total	\$	_						
Applicant information									
TYPE OR PRINT Name as you would like it to appear on your license	Date	of birth (mm/dd/yyyy)							
Full land name (First Middle 1 act)									
Full legal name (First, Middle, Last)									
Residence address									
Nosiderice address									
City	State	ZIP code	10-digit home p	phone number					
Citizenship Social Security number*									
☐ U.S. citizen ☐ Resident alien									
Answer the following									
1. Do you have an active Surety Producer License issued through the Office of Insurance									
Commissioner with all affiliations up to date?				☐ Yes ☐ No					
2. Which type of bonds will you be posting? Surety Property									
If property: Provide the names of each court that ha	as aiven	annroval for the	e placing of r	oronerty hands only					
If you need more room, attach a separa			placing of p	oroporty borids orny.					
in you need more room, attach a separate sheet or form.									
Military? (check if applicable)									
Current or former: Military member Military spouse or domestic partner To qualify for licensure (Check one)									
□ I have completed the required 12 hours of prelicen	se traini	ng for my Bail F	Rond Agent I	icense					
☐ I am requesting to take the written state exam.	oo trairii	ng ioi iny ban b	Jona / Igoni i	1001100.					

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

	gal background							
	swer the following nswer the questions bel	ow. If you answ	er "Yes," att	ach a de	tailed explanat	ion.		
1.	Within the last 5 years, (fine, suspension, revo occupational license, c	cation, censure,	, surrender,	etc.) tak	en against any	profess		
2.	Within the last 5 years, convicted of, or entered	in this state or	any other ju	ırisdictior	n, have you def	aulted, d	or been	
	(Don't include traffic co							
Ex	am scheduling							
yc	xams are given at drive our exam, putting a "1" f licensing representative	or your first choi	ice and a "2	?" for you			ere you would like to take	
	Bellingham	Kent			yallup SC		Union Gap	
	Bel-Red SC	Lynnwood	SC	Re	enton		Vancouver (136th Ave)	
	Bremerton	Olympia		Se	attle (25th Ave))	Walla Walla	
	Clarkston	Omak		Sr	nokey Point		Wenatchee	
	Everett	Parkland		Sp	okane (Spragu	e Ave)		
	Federal Way	Port Angel	es	Su	ınnyside			
	Kennewick	Port Towns	send	Та	coma (Yakima A	ve)SC		
I de	eclare under penalty of p	perjury under the		RINT Name	that the forego	oing is tr	ue and correct.	
			X					
	and place		Applicant s	· ·				
of y	your professional lices nployer information siness name	nse in the State	of Washir	ngton. oloyer	v license number	iiai, sus	pension, or revocation Company license expiration date	
Bu	siness address (Street address	as it appears on the li	cense)					
Cit	у			State	ZIP code	County		
10-	-digit business phone number			Email				
10	rtification certify under penalty of p ampleted the required tr							
			TYPE or PRINT Name of representative of the employer					
Date and place Signature of representative of the employer					r			