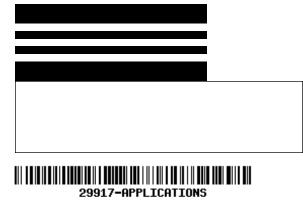


Bail Bond Agent License Application

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

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⊔ Original– \$500 □ Renewal– \$575					
⊒ Late renewal– \$600					
☐ Association fee— \$25					
icenses are available for self-printing v	vith an online accour	nt.			
f you want us to print and mail your lice			h copy to your p	payment.	
☐ \$0 self-print license online.	·			-	
\square \$5 each. DOL print and mail license.	Quantity To	otal \$			
Applicant information					
TYPE OR PRINT Name as you would like it to appear	on your license				Date of birth (mm/dd/yyyy)
Full legal name (First, Middle, Last)					
Decidence address					
Residence address					
City		State	ZIP code	(Area cod	e) Home phone number
Oity		State	Zii code	(Alea cou	e) Home phone number
Citizenship	Social Security number*				
☐ U.S. citizen ☐ Resident alien					
Answer the following					
1. Do you have an active Surety Produ	ucer License issued t	through th	ne Office of Insu	urance	
Commissioner with all affiliations up	to date?				□ Yes □ No
2. Which type of bonds will you be pos	sting?				Surety Property
If property: Provide the names of ea				ing of prop	perty bonds only.
If you need more room,	allach a separale sh	ieet or ior	m.		
Military? (check if applicable)					
Current or former: Military member	r 🗌 Military spouse	or dome	stic partner		
To qualify for licensure (Check one)			•		
\square I have completed the required 12 h	ours of prelicense tra	aining for	my Bail Bond A	gent licer	ise.
☐ I am requesting to take the written					
You are not required to have a Social Security N	umber (SSN) or Individua	Taxpaver lo	dentification Number	er (ITIN or T	IN) to apply for or be issued a

license. If you do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (TTIN 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).

continued on next page

Answer the auestions belo	w. If you answer "Yes," attach a	a detailed ex	planation.		
I. Within the last 5 years, i (fine, suspension, revoc	in this state or any other jurisd cation, censure, surrender, etc. crtification, or permit held by yo	iction, have) taken agai	you had any actio inst any professior	nal or	□ Yes □
•	in this state or any other jurisd				
convicted of, or entered	a plea of no contest to a grossovictions.)	s misdemea	nor or felony crime	e?	
xam scheduling					
Exams are given at driver	licensing offices across the state and a "2" for your second				
Bellingham	Kent	Puy	rallup (SC)		Union Gap
Bel-Red (SC)	Lynnwood (SC)	Rer	nton		Vancouver (136th Ave
Bremerton	Olympia	Sea	ittle (25th Ave)		Walla Walla
Clarkston	Omak	Sme	okey Point		Wenatchee
Everett	Parkland	Spc	okane (Sprague Ave	e)	
		Sun	nyside		
Federal Way	Port Angeles	Jul			
completing this applica encies (local, state or fe	Port Angeles Port Townsend ation, you authorize any busederal) to release any information the Department of Licens	Taci	oma (Yakima Ave)(preser	
Kennewick SC) - Supercenter y completing this application of the completion of the	Port Townsend ation, you authorize any bus	iness asso ation, files, ing.	oma (Yakima Ave)(ciates (past and por records which	preser n may	be required for a
Kennewick C) - Supercenter completing this application investigation	Port Townsend ation, you authorize any busederal) to release any informato the Department of Licens erjury under the law of Washin	iness asso ation, files, ing.	oma (Yakima Ave)(ciates (past and por records which	preser n may	be required for a
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TYPE or PRINT Name of representative of the employer

Signature of representative of the employer

X

Date and place