



## Bail Bond Recovery Agent Forced Entry Report

Within 10 business days of a forced entry, complete this report and send it to us by mail or email to:

**Bail Bond Program**  
**Department of Licensing**  
**PO Box 9649**  
**Olympia WA 98507**

Email: [security@dol.wa.gov](mailto:security@dol.wa.gov)



29920-SUPPORTING

For questions or language help call: 360-664-1809

Complete a separate report for each forced entry.

Participating recovery agents–List all who participated in the entry. Attach additional sheets if necessary

Recovery agent name (Last, First, Middle)	License number	Expiration date
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### Bail bond agent information

Agent named on recovery contract (Last, First)
Company name

### Forced entry information

Date of entry	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Street address		
City	State	ZIP code
Defendant name (Last, First, Middle)		
Answer the following:		
1. Was the defendant present? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Was any property damaged? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Was anyone injured during the forced entry? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Was the defendant surrendered to jail? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRINT or TYPE your name

X

Your signature

Date