



Bail Bond Agent/
Recovery Agent
Reexam 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: 360-664-1809

Application type:

- ☐ Qualified agent—\$25
☐ Bail bond agent—\$25
☐ Recovery agent—\$25

Applicant information

TYPE OR PRINT Name (Last, First, Middle)		Date of birth (mm/dd/yyyy)	
Business name			
Email		10-digit phone number	
Business street address			
City		State WA	ZIP code

Applicant signature—Sign and date this form below.

TYPE or PRINT Name

X

Applicant signature

Date and place (city or county) signed

