



# 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 account.

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.
- \$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 legal name (First, Middle, Last)					
Residence address					
City		State	ZIP code	10-digit home phone number	
Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien		Social Security number*			
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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Which type of bonds will you be posting? ..... <input type="checkbox"/> Surety <input type="checkbox"/> Property <i>If property:</i> Provide the names of each court that has given approval for the placing of property bonds only. If you need more room, attach a separate sheet or form.  <hr/> <hr/>					
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner					
To qualify for licensure (Check one) <input type="checkbox"/> I have completed the required 12 hours of prelicense training for my Bail Bond Agent license. <input type="checkbox"/> I am requesting to take the written state exam.					

\*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).

**Legal background**

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? .....  Yes  No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) .....  Yes  No

**Exam scheduling**

Exams are given at driver licensing offices across the state. Select the location where you would like to take your exam, putting a "1" for your first choice and a "2" for your second choice. A licensing representative will contact you for scheduling.

Bellingham	Kent	Puyallup SC	Union Gap
Bel-Red SC	Lynnwood SC	Renton	Vancouver (136th Ave)
Bremerton	Olympia	Seattle (25th Ave)	Walla Walla
Clarkston	Omak	Smokey Point	Wenatchee
Everett	Parkland	Spokane (Sprague Ave)	
Federal Way	Port Angeles	Sunnyside	
Kennewick	Port Townsend	Tacoma (Yakima Ave)SC	

SC - Supercenter

**By completing this application, you authorize any business associates (past and present) and any government agencies (local, state or federal) to release any information, files, or records which may be required for a background investigation to the Department of Licensing.**

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Applicant signature

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**

**Employer information–To be completed by employer**

Business name	Company license number	Company license expiration date
Business address (Street address as it appears on the license)		
City	State	ZIP code
		County
10-digit business phone number	Email	

Certification

*I certify under penalty of perjury under the law of Washington, that the named applicant has successfully completed the required training as outlined in the laws and rules in the state of Washington.*

\_\_\_\_\_  
TYPE or PRINT Name of representative of the employer

**X**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Signature of representative of the employer