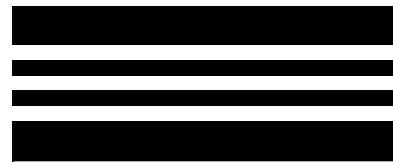




Bail Bond Agency/ Branch Office License Application



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

Or mail this completed form with any required documents and a check or money order, payable to the Department of Licensing, to:



001-000-299-0018 Agency 001-000-299-0019 Branch

Bail Bond Program
Department of Licensing
PO Box 35001
Seattle WA 98124-3401



Include a \$10,000 surety bond, from the bonding/insurance company of your choice, in favor of the state of Washington. The surety bond must be in effect and in full force at all times.

Out-of-state corporation/partnership include copies of the following:

- Certificate of authority to conduct business in the State of Washington
- List of officers and directors and their addresses
- Evidence of current registration with the Washington Secretary of State.

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

Application type

- Bail bond agency—**\$1,280**
- Branch office—**\$1,280**
- Change of qualified agent—**\$250**
- Renewal—**\$1,230**
- Late renewal—**\$1,290**

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 \$ _____

Company information

TYPE OR PRINT Company name		10-digit phone number	
Washington State business address (Number, street, and suite or room number)			
City	State WA	ZIP code	
Business mailing address (if different)			
City	State	ZIP code	
Type of business (check one) <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign corporation			
Number of partners (if partnership)		UBI/UBI Business ID/UBI Location ID (16 digits) number	

Company information (continued)

If you have an insurance surety license, complete this section

Surety name			
Address			
City		State	ZIP code
Attorney-In-Fact		Build-up fund name	

If you are a property agency, complete this section

Name of the courts that have given approval

Qualified agent information (Applicant)

Principal name (<i>Last, First, Middle initial</i>)			
Home address (<i>Number, street, apartment number</i>)			
City		State	ZIP code
Date of birth (mm/dd/yyyy)		Social Security number*	
Military? (<i>check if applicable</i>) Current or former: Military member Military spouse or domestic partner			

*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).

Trust account information

Financial institution name			
Financial institution address			
City		State	ZIP code
Account number		Balance in trust account at time of renewal	

Legal background

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, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit?	Yes	No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business 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

Qualification criteria

To qualify for a license, you must do one of the following: *(check one)*

Attach proof of 3 years (6,000 hours) experience in Washington State as a manager, supervisor, or administrator in the bail bond business and proof of 12 hours training as described in WAC 308-19-300.

Request to take the written state exam by selecting a location from the list below or provide proof of twelve hours of bail bond agency training administered by an approved instructor.

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

Applicant signature

Date and place

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

**Bail Bond Agency/Branch Office
Surety Bond**

TYPE or PRINT Bond number _____ Effective date of bond _____

Know all persons by these presents: That _____

a Sole proprietor Partnership Corporation

doing business as _____,

as Principal, at the following address _____

and _____,

a corporation organized and existing under the laws of the State of _____,

and authorized to transact surety business in the State of Washington, as Surety, are held and firmly bound unto the State of Washington in the sum of Ten Thousand (\$10,000) Dollars lawful money of the United States of America to be paid to the said State of Washington for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of the above obligation is such that: Whereas, the said principal has made application for a Bail Bond Agency license by the Business and Professions Division of the State of Washington for carrying on the business of a Bail Bond Agency within the State of Washington; and is required by Chapter 18.185 RCW, to furnish a bond in the sum of Ten Thousand (\$10,000.00) Dollars with good and sufficient surety, conditioned as required by said law.

Now, therefore, If the said principal will comply with all the provisions of Chapter 18.185 RCW, of the State of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of Chapter 18.185 RCW, and will pay all amounts that may be adjudged against Principal by reason of violation of Chapter 18.185 RCW or any rules or regulations adopted pursuant thereto in the conduct of Principal's business as a Bail Bond Agency, then the above obligation shall be null and void; otherwise to remain in full force and effect.

Provided: That any person having a claim against Principal for damage as a result of any violation by Principal, or his/her agent of Chapter 18.185 RCW, or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the Superior Court of the County in which Principal's business is located, or of any county in which jurisdiction of the Principal may be had.

Provided further: That the aggregate liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. Provided further: That the Business and Professions Division shall be notified thirty (30) days prior to the cancellation of this bond, along with the reason for cancellation or termination of the bond. No bond filed shall be approved unless it expressly provides that it will be effective for two years following the effective date of its cancellation or termination, whether because of expiration, suspension, or revocation of the license, or otherwise, as to any covered act or acts and omission or omissions of the licensee occurring on, or prior to, the effective date of cancellation or termination.

In witness whereof, the said Principal and the said Surety have affixed their hands and seals this

_____ day of _____, _____.

Principal

Business name _____

Type/Print name _____
Signator authorized for corporation, partnership, or sole proprietor

Signature **X** _____
Signator authorized for corporation, partnership, or sole proprietor

(Surety seal)

Surety

Name _____

Attorney-in-Fact _____

Insurance agency _____

Insurance agent _____

Agent address _____

Agent 10-digit phone number _____