



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



For questions or language help call: (360) 664-6624

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 (<i>Last, First, Middle</i>)	License number	Expiration date
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Bail bond agent information

Agent named on recovery contract (<i>Last, First</i>)
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 (<i>Last, First, Middle</i>)	
Answer the following:	
Was the defendant present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was any property damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was anyone injured during the forced entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the defendant surrendered to jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRINT or TYPE your name

X

Your signature

Date