

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: 360.664.6611

Application type:

□ Qualified agent-**\$25**

- □ Bail bond agent-**\$25**
- □ Recovery agent-\$25

Applicant information

TYPE OR PRINT Name (Last, First, Middle)	Dat	te of birth
Business name		
Email	10-digit phone number	
Business street addressr		
City	State WA	ZIP code

Applicant signature-Sign and date this form below.

TYPE or PRINT Name

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Applicant signature

Date and place (city or county) signed

29920-SUPPORTING