



Bail Bond Recovery 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: 360-664-1809

Fees

Bail bond recovery agent license—**\$490**

Endorsement to bail bond agent license—**\$100**

License number _____

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			
Full legal name (Last, First, Middle)			
Social Security number*		Date of birth (mm/dd/yyyy)	Citizenship U.S. citizen Resident alien
Street address			
City		State	ZIP code
10-digit home phone number	Email		
Mailing address (if different)			
City		State	ZIP code
Concealed Pistol License (CPL) number		CPL expiration date	
Military? (check if applicable) Current or former: Military member Military spouse or domestic partner			
For Service members and their spouses: When a Service member and their spouse must move due to Military orders, Washington state may recognize their current license or certificate if they provide the following: 1. A copy of the military orders with this application;			

*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 a SSN, ITIN, or TIN, 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).

Applicant information (continued)

2. A license that is in good standing in all states where the individual held their license before.
 - a. During application review, DOL may request an original Certification of Licensure or Letter of Good Standing from each state.
 - b. There may be continuing education requirements needed for DOL to recognize the license.
3. Complete the following table if you hold a license issued by any state (excluding Washington)

State	License number	Expiration date (mm/dd/yyyy)

Mandatory training certification

Answer the following

- | | | |
|--|-----|----|
| 1. Have you taken the required 32 hours of pre-license training and can you provide this documentation upon request? | Yes | No |
| 2. Have you completed the required training for Taser, Baton-expandable, straight stick or side-handled and Oleo Capsicum (OC) resin sprays or foams within the last 12 months and can you provide this documentation upon request? | Yes | No |
| 3. Have you received a firearms certification issued through the Criminal Justice Training Commission for your Bail Bond Recovery Agent profession if you will be carrying a firearm during the course of your duties and can provide this documentation upon request? | Yes | No |
| 4. Do you have a high school diploma or GED or have 3 years experience in the bail industry and can you provide documentation upon request? | Yes | No |

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 |

Fingerprinting

All bail bond recovery agents must have fingerprint-based background checks. You must apply and obtain an application number prior to submitting fingerprints. For information about the fingerprinting and background check process, go to dol.wa.gov/professional-licenses/fingerprinting-and-background-checks.

To check the status of your application go to: <https://professions.dol.wa.gov>.

Applicant signature–Sign and date the declaration below.

By completing this application, I 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 (City or County) signed

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