WASHINGTON STATE DEPARTMENT OF LICENSING

Bail Bond Recovery Agent License Renewal Application

[redacted]

29920-APPLICATIONS

Renew your Bail Bond Recovery Agent License.

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

Application type

☐ Bail bond recovery agent license renewal – **$515**
☐ Late license renewal – additional **$35**
☐ Bail bond recovery agent endorsement renewal to the bail bond agent license – **$100**
Bail bond agent license number _____
☐ Late endorsement renewal – additional **$50**

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 (Last, First, Middle)		Bail bond recovery agent license number
Social Security number*	Date of birth (mm/dd/yyyy)	Citizenship ☐ U.S. citizen ☐ Resident alien
Street address		
City	State	ZIP code
10-digit phone number	Email	
Mailing address (if different)		
City	State	ZIP code
Concealed Pistol License number	CPL expiration date	

*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).

Continued on next page.

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

Continuing education

Answer the following

Have you completed the required 8 hours of continued education and can you provide this documentation upon request? . . . . . ☐ Yes ☐ No

Armed renewal

Answer the following

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 you provide this documentation upon request?. . . . . ☐ Yes ☐ No

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 When completed, print form and sign here.

Applicant signature

Date and place (City or County) signed

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