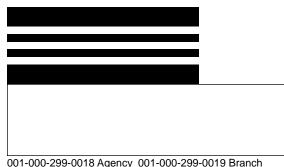


Bail Bond Agency/ **Branch Office License Renewal**

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:

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

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 busines	ss address (Number, str	reet, and suite or room no	umber)		
City State WA					ZIP code
Business mailing addres	s (if different)				
City			State	ZIP code	
Type of business (check of	one)				
Sole owner	Partnership	Corporation	Foreign corporation		
Number of partners (if partnership)		UBI/UBI Bus	siness ID/UBI Location ID (16 dig	its) number	

Company information (continued)

If you have an insurance surety license, complete this section

•	•	, I				
Surety n	ame					
Address						
City					State	ZIP code
Attorney	r-In-Fact		Build-up t	Build-up fund name		
If you a	re a property agency, complete	this section				
Name of	f the courts that have given approval					
Oualifia	ad agent information (An	unlicant)				
	ed agent information (Apname (Last, First, Middle initial)	piicanti				
Home add	dress (Number, street, apartment number))				
City			State	ZIP code		County
Date of bi	rth (mm/dd/yyyy)	Social Security num	ber*			
Trust a	t on the application (42 U.S.C.		1.000 7 4.2			
Financial i	institution address					
City					State	ZIP code
Account n	umber				Balance in tr	ust account at time of renewal
l enal h	packground			l .		
Answer th	e following the questions below. If you ar	newer "Ves " attac	ch a detai	led evnlan	ation	
1. With enti had	thin the last 5 years, in this statety, any business owners, any plany action (fine, suspension, inst any professional or occup	te or any other juit persons with conf revocation, cens	risdiction, trolling int ure, surre	has the buerest in thinder, etc.)	ısiness s busines taken	
enti bus	hin the last 5 years, in this stat ty, any business owners, or an iness defaulted, or been convi ross misdemeanor or felony cr	ny persons with clicted of, or entere	ontrolling ed a plea	interest in of no conte	this est to	□ Yes □ No

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.



Bail Bond Agency/Branch Office Surety Bond

TYPE or PRINT Bond number			Effective date of bond
Know	all persons by thes	e presents: That _	
а	Sole proprietor	Partnership	Corporation
doing	business as		
as Pı	incipal, at the follow	ving address	
and_			
a cor	poration organized	and existing unde	er the laws of the State of,
and authorized to transact surety husiness in the State of Washington, as Surety, are held and firmly hound			

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 where	of, 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	<i></i>
Insurance agent	
Agent address	
Agent 10-digit ph	one number