WASHINGTON STATE DEPARTMENT OF LICENSING

Bail Bond Agency/ Branch Office License Renewal

[redacted]

001-000-299-0018 Agency 001-000-299-0019 Branch

29918-RENEWALS

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: 360-664-1809

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 business address (Number, street, and suite or room number)		
City	State WA	ZIP code
Business mailing address (if different)		
City	State	ZIP code
Type of business (check one) ☐ Sole owner ☐ Partnership ☐ Corporation ☐ Foreign corporation		
Number of partners (if partnership)	UBI/UBI Business ID/UBI Location ID (16 digits) number	

Continued on next page.

Company information (continued)

If you have an insurance surety license, complete this section

Surety name			
Address			
City		State	ZIP code
Attorney-In-Fact	Build-up fund name		

If you are a property agency, complete this section

Name of the courts that have given approval

Qualified agent information (Applicant)

Principal name (Last, First, Middle initial)			
Home address (Number, street, apartment number)			
City	State	ZIP code	County
Date of birth (mm/dd/yyyy)	Social Security number*		

*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).

Trust account information

Financial institution name		
Financial institution address		
City	State	ZIP code
Account number	Balance in trust account at time of renewal	

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, has the business entity, any business owners, any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? . . . . . ☐ Yes ☐ No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business 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

Continued on next page.

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 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 denial, suspension, or revocation of your professional license in the State of Washington.

Continued on next page.

WASHINGTON STATE DEPARTMENT OF LICENSING

Bail Bond Agency/Branch Office Surety Bond

TYPE or PRINT Bond number _____ Effective date of bond _____

Know all persons by these presents: That _____

a ☐ Sole proprietor ☐ Partnership ☐ Corporation

doing business as _____ ,

as Principal, at the following address _____

and _____ ,

a corporation organized and existing under the laws of the State of _____ ,

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.

Continued on next page.

In witness whereof, 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 Principal signator signs here. _____
Signator authorized for corporation, partnership, or sole proprietor

(Surety seal)

Surety

Name _____

Attorney-in-Fact _____

Insurance agency _____

Insurance agent _____

Agent address _____

Agent 10-digit phone number _____