

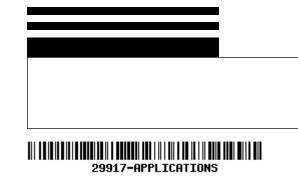
Bail Bond Agent License Application

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) 664-6611



Fees

Original – \$540 Renewal – \$615 Late renewal penalty – \$650 Association fee – \$25

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

Applicant information				
TYPE OR PRINT Name as you would like it to appear on your license			Date of birth (mm/dd/yyyy)	
Full legal name (First, Middle, Last)				
Residence address				
City		State	e	ZIP code
10-digit phone number	Social Security number*			
 Answer the following 1. Do you have an active Surety Pro Commissioner with all affiliations 2. Which type of bonds will you be pure of property: Provide the names of If you need more room, attach a 	up to date? osting? each court that has giver		 S	Surety Property
Military? (check if applicable)				
Current or former: Military mer	nber Military spouse	or domestic partner		
To qualify for licensure (Check one)				
I have completed the required 1 I am requesting to take the writt		ining for my Bail Bond	Agent	license.

*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).

Answer the following Answer the questions below. If you answer "Yes," attach a detailed explanation.

Yes No

Yes No

Exam scheduling

Exams are given at driver licensing offices across the state. Select the location where you would like to take your exam, putting a "1" for your first choice and a "2" for your second choice.

A licensing representative will contact you for scheduling.

Bellingham	Kent	Puyallup SC Union Gap
Bel-Red SC	Lynnwood SC	Renton Vancouver (136th Ave)
Bremerton	Olympia	Seattle (25th Ave) Walla Walla
Clarkston	Omak	Smokey Point Wenatchee
Everett	Parkland	Spokane (Sprague Ave)
Federal Way	Port Angeles	Sunnyside
Kennewick	Port Townsend	Tacoma (Yakima Ave)SC

SC - Supercenter

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
Date and place	Applicant signature

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

Employer information-To be completed by employer

Business name		Company license number			Company license expiration date	
Business address (Street address as a	it appears on the license)					
City		State	ZIP code	County		
10-digit business phone number	Email					
Certification I certify under penalty of percompleted the required train						
	TYPE or P	RINT Name	of representative	of the employ	er	
Date and place	Signature	Signature of representative of the employer				