

**DAVID GEE, SHERIFF
HILLSBOROUGH COUNTY, FLORIDA
APPLICATION FOR REGISTRATION AS A BAIL BOND AGENT**

For the Period: April 1, 2017 through March 31, 2019

Name:

_____ (Last)

_____ (First)

_____ (Middle)

Name of Business:

Phone:

Address:

_____ (Street)

_____ (City)

_____ (County)

_____ (State, Zip)

Mailing Address:

_____ (Street/P.O. Box)

_____ (City)

_____ (County)

_____ (State, Zip)

Email Address:

Home Address:

_____ (Street)

_____ (City)

_____ (County)

_____ (State, Zip)

Home Phone:

Date of Birth:

Surety Company Name:

Managing General Agent:

Phone:

Address:

_____ (Street)

_____ (City)

_____ (County)

_____ (State, Zip)

Qualifying Power of Attorney:

Number:

Bond Limit:

Date Issued:

State of Florida Insurance License Number:

Signature As It Will Appear On Bonds:

AFFIX SURETY COMPANY SEAL

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OATH:

I will comply with Chapter 648 and 903 of the Florida Statutes as amended, Florida Department of Financial Services Regulations and all other laws and legal regulations now existing or which may be promulgated in the future, applicable to the licensing of bail bond agents or the conduct of the surety bond business.

I certified that my license to act as a bail bond agent is not under suspension or revocation statewide or in any County of the State of Florida. I will report in writing the suspension or revocation of my license statewide or in any County of the State of Florida to the Hillsborough County Sheriff's Office, Attention: Financial Services Division within seventy-two hours of the change becoming effective.

HCSO Approval

Signature of Bail Bond Agent

Date

IF REGISTRATION IS BY MAIL, PLEASE HAVE THIS FORM NOTARIZED BELOW:

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me this ____ day of _____,
20____, by _____ who is (personally known to me) or (who has
produced) _____ (type of identification).

Notary Public Signature

Date

Type or Print Name

Commission Expiration Date

Street Address

Phone Number

City, State, Zip