



David Gee, Sheriff
Jose Docobo, Chief Deputy

P.O. Box 3371
Phone (813) 247-8000
www.hcso.tampa.fl.us

Hillsborough County
Tampa, Florida 33601

Bail Bond Agents Concerned

Florida Statute 648.42 requires that bail bond agents register and file a certified copy of renewed power(s) of attorney with the Sheriff and Clerk of the Circuit Court by April 1 of each odd numbered year.

To register you must provide:

- A. A completed Hillsborough County registration form with a notarized signature under the statement on the reverse side of the form.
- B. A Renewed qualifying power of attorney. Power of attorney must be recorded at the courthouse and a certified copy provided for your registration.
- C. A copy of your Florida Department of Insurance License Photo ID.
- D. Original Certificate of Appointment by your Insurance Company.

Bondsmen must register prior to 4:30 PM on the last business day of March in order to write bonds starting 12:01 AM, April 1st.

WE WILL ONLY ACCEPT REGISTRATIONS BY MAIL to: David Gee, Sheriff, Attention Office of the Comptroller, P.O. Box 3371, Tampa, Florida, 33601. Incomplete or improperly prepared registration packages will be returned for correction.

If you should have questions regarding procedures you may telephone the Office of the Comptroller (813) 247-8036.

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

For the Period April 1, 2009 through March 31, 2011

Name: _____
(Last) (First) (Middle)

Location of Business:

Firm Name: _____ Phone # (____) _____

Address: _____
STREET CITY COUNTY ST ZIP CODE

Mailing
Address: _____
STREET CITY COUNTY ST ZIP CODE

Home
Address: _____
STREET CITY COUNTY ST ZIP CODE

HOME PHONE (____) _____ DATE OF BIRTH: _____

Surety Company: (Name) _____

Managing General Agent: _____

Phone: (____) _____

Address: _____
STREET CITY ST ZIP CODE

Qualifying Power of Attorney:

Number: _____ Amount: \$ _____ Date Issued: _____

State of Florida Insurance License Number # _____

Social Security Number # _____

SIGNATURE AS IT WILL APPEAR ON BONDS/POWERS: _____

AFFIX SURETY COMPANY SEAL

(OVER)

I will comply with Chapter 648 and 903 Florida Statutes as amended, Florida Department of Insurance 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 certify 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 Sheriff, Hillsborough County, Florida (Attn: Office of The Comptroller) within twenty four hours of any suspension or revocation becoming effective.

I certify that all information given in the application is true, correct, and complete and that I will report in writing any change of information to the Sheriff, Hillsborough County, Florida (Attn: Office of The Comptroller) within seventy two hours of the change becoming effective.

Approval Date _____

Signature of Bail Bonds Agent _____ Date

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

State of _____

County Of _____

The foregoing instrument was acknowledge before me this _____ day of _____, 20____, by _____ who is (personally known to me) or (who has produced) _____ (type of identification) and who (did/did not) take an oath.

Notary Public Signature _____

Date _____

Type or Print Name _____

Commission Expiration Date _____

Street Address _____

Area Code – Phone Number _____

City _____ State _____ Zip Code _____