## CHAD CHRONISTER, SHERIFF HILLSBOROUGH COUNTY, FLORIDA APPLICATION FOR REGISTRATION AS A BAIL BOND AGENT

For the Period: April 1, 2019 through March 31, 2021

Name:					
	(Last)	(F	First	(Middle)	
Name of Business:			Phone #		
Address:	(Street)	(City)	(County)	State/Zip Code	
Mailing Address:			(2.5		
	(Street/P.O. Box)	(City)	(County)	State/Zip Code	
Email Address:					
Home Address:	(Street)	(City)	(County)	State/Zip Code	
	(Succes)	(City)	•		
Surety Company Name:					
Managing General Agen Phone:	nt:				
Address:					
Qualifying Power of Att	(Street)	(City)	(County)	State/Zip Code	
Number:	Amount:		Date	Date Issued:	
State of Florida Insuran	ce License Number:				
SIGNATURE AS IT WI	LL APPREAR ON BO	ONDS / POWERS:			

AFFIX SURETY COMPANY SEAL

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I will comply with Chapter 648 and 903 of the Florida Statutes, as amended, Florida Department of Financial Services 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 Hillsborough County Sheriff's Office, Attention: Financial Services Division within seventy-two hours of the change becoming effective.

Approval Date	Signature of Bail Bond Agent	Date	
IF REGISTRATION IS BY MAIL, PL	EASE HAVE THIS FORM NOTAR	IZED BELOW	
State of			
County of			
The foregoing instrument was ack	nowledged before me this da	ay of	
, 20, by	who	is (personally	
know 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	Commission Expiration Date	
Street Address	Area Code – Phone Nun	Area Code – Phone Number	
City/State/Zip Code			