



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

TO: Bail Bond Agents Concerned

RE: Registration Procedures for April 1, 2011

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 with your registration.
- C. A copy of your Florida Department of Insurance License with Photo.
- D. Original Certificate of Appointment by your Insurance Company.

Bondsmen must register prior to 4:30 PM Tuesday, March 22, in order to write bonds starting 12:01 AM, April 1, 2011.

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. Complete packages must be submitted prior to 4:30 PM Tuesday, March 22, 2011.

If you need additional copies of the Hillsborough County registration form, you may obtain them from the Hillsborough County Sheriff's website, WWW.HCSO.TAMPA.FL.US.

If you should have questions regarding procedures, you may telephone, Cathy Lambert, Office of the Comptroller (813) 247-8039.

PAC/ACL
Encl

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