



Department of Financial Services
Division of Insurance Agent and Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building
 Tallahassee, FL 32399-0319

LIMITED SURETY AGENT, PROFESSIONAL BAIL BOND AGENT,
SWORN STATEMENT

Section 648.34(1), Florida Statutes (F.S.), states, “An application for licensure as a bail bond agent must be submitted on forms prescribed by the department...” and **section 648.34(2)(d), F.S.**, requires that, “The applicant is vouched for and recommended upon sworn statements filed with the department by at least three reputable citizens who are citizens of the same counties in which the applicant proposes to engage in the bail bond business.”

To be completed by the applicant:

_____ FIRST NAME	_____ M.I.	_____ LAST NAME	_____ SOCIAL SECURITY NUMBER
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PRIVACY STATEMENT

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is:

- (I) specifically authorized by law; or
- (II) imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), and 648.34(1), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.

AT LEAST THREE (3) OF THESE FORMS MUST BE SUBMITTED WITH YOUR APPLICATION FOR A LICENSE

To be completed by the person vouching for the applicant listed above:

I, the undersigned, hereby certify that the individual listed above as an applicant for license-examination required as a limited surety (bail bond) agent is personally known to me and is of good business reputation and of good moral character.

I also attest that I am a resident of a county where this applicant proposes to engage in the bail bond business.

_____ SIGNATURE	_____ COUNTY OF RESIDENCE
_____ PRINTED NAME	_____ STREET ADDRESS
_____ PHONE NUMBER	_____ CITY, STATE, ZIP CODE