



**INDIVIDUAL APPLICATION FOR TEMPORARY PERMIT TO OPERATE A BAIL BOND AGENCY**

TODAY'S DATE: \_\_\_\_\_

**APPLICANT INFORMATION:**

<b>FIRST NAME:</b>	<b>M.I.:</b>	<b>LAST NAME:</b>
<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PHONE:</b>	<b>CELL:</b>	
<b>EMAIL:</b>		

**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.

**AGENCY INFORMATION:**

<b>AGENCY NAME:</b>		
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PHONE:</b>	<b>FAX:</b>	
<b>PRIMARY BAIL BOND AGENT:</b>		<b>LICENSE NUMBER:</b>
<b>PREVIOUS AGENCY OWNER:</b>		<b>LICENSE NUMBER:</b>
<b>REASON FOR REQUEST FOR PERMIT:</b> <input type="checkbox"/> <b>DEATH OF OWNER</b> <input type="checkbox"/> <b>MENTAL INCAPACITY OF OWNER</b>		
<b>RELATIONSHIP OF APPLICANT TO OWNER:</b>		
<i>Please submit supporting documentation with this application.</i>		



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

Are you currently licensed by the Department of Financial Services?  Yes  No

If yes, please provide your license number: \_\_\_\_\_

Are you a jailer, police officer, committing magistrate, sheriff, deputy sheriff, employee of a court, clerk of any court, or an attorney, or do you have the power to arrest or have anything to do with the custody or control of federal, state, county, or municipal prisoners?  Yes  No

Are you a United States citizen or legal alien with a work permit?  Yes  No

Have you ever been convicted, found guilty, or pled guilty or nolo contendere (no contest) to a felony, a crime of moral turpitude, or a crime punishable by imprisonment of one (1) year or more under the laws of any municipality, county, state, territory, or country, whether or not adjudication was withheld or a judgment of conviction was entered?  Yes  No

Are you currently on probation for any legal action or participating in a pretrial intervention program or any other diversion programs?  Yes  No

Are there any criminal, administrative, or civil charges in any state or federal court anywhere in the United States or its possessions or any other country currently pending against you or any entity you control?  Yes  No

Has a judgment ever been obtained or is there any type of civil action currently pending as it relates to insurance against you individually or against any entity in which you are or were an officer, director, partner, or owner?  Yes  No

Has any company ever refused to bond you?  Yes  No

Have you ever been refused a securities, real estate broker, or other license by a state agency or public authority in any jurisdiction?  Yes  No

Have you ever had an application for a license declined or denied by this or any other insurance regulatory body?  Yes  No

Have you ever had any professional license that was:

Revoked in Florida or any other state?  Yes  No

Suspended in Florida or any other state?  Yes  No

Placed on probation?  Yes  No

Administratively fined or had a penalty imposed upon it?  Yes  No

Issued a cease and desist order against it?  Yes  No

Have you ever had any agent or producer contract terminated by an insurance company or managing general agent for any alleged cause?  Yes  No

Do you have a child support obligation in arrearage?  Yes  No

Do you understand that this permit, if issued, is valid for no more than 24 months?  Yes  No

Do you understand that this permit, if issued, does not authorize you to engage in any activities as a bail bond agent or as a temporary bail bond agent?  Yes  No



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Do you affirm that you will maintain a properly licensed and appointed bail bond agent as the designated primary bail bond agent for this agency?  Yes  No

Do you understand that you must advise the Department of any change in your home address, mailing address, email address, or phone numbers?  Yes  No

Do you understand that you must advise the Department of any change in the agency's business address, mailing address, email address, or phone numbers?  Yes  No

I have attached sworn statements by at least three (3) reputable citizens who are residents of the same county where this bail bond agency is located, attesting to my integrity and moral character.  Yes  No

I understand I must have my fingerprints taken by LiveScan method at one of the Department's fingerprint sites before my application will be considered for approval.  Yes  No

I understand this permit does not allow me to execute or sign bonds, handle collateral receipts, deliver bonds to appropriate authorities, present defendants in court, apprehend or arrest defendants, or surrender defendants to the appropriate authorities.  Yes  No

I understand this permit will allow me to operate and receive income for this bail bond agency for a maximum of 24 months without obtaining a license as a limited surety (bail bond) agent in Florida.  Yes  No

I have attached an original certified copy of the death certificate or certificate of mental incapacitation of the owner of this agency.  Yes  No

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**APPLICANT AFFIRMATION STATEMENT**

Where required by law, I hereby name and appoint the Chief Financial Officer of the State of Florida my attorney to receive service of legal process issued against me, upon causes of action arising within the State of Florida out of transactions under my Florida license. I affirm that this appointment shall constitute effective legal service upon me as long as there may be any cause of action against me arising out of insurance transactions within the State of Florida (see sections 626.741; 626.742; 626.792; 626.835; 626.836; 626.84201, F.S.).

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, pursuant to section 837.06, F.S.

I declare that I have read the foregoing application, that the facts stated in it are true to the best of my knowledge and belief, and that I have not withheld any information that would in any way affect my qualifications. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Insurance Code and may result in the denial of my application and/or the revocation of my insurance license(s). Further, I acknowledge pursuant to section 837.06, Florida Statutes, that “whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.”

I understand that as an applicant who is subject to a national fingerprint-based criminal history record check, I have certain rights based on Title 28, Code of Federal Regulations (CFR), Sections 16.30 – 16.34. The rights include a reasonable time to respond to the agency for any deficiencies reported in the criminal history report and the ability to challenge the accuracy of the information in the report by contacting the Federal Bureau of Investigation (FBI). I further understand that any records held by the agency will be used and retained according to the FBI’s Criminal Justice Information Services (CJIS) requirements. A copy of the Noncriminal Justice Applicants Privacy Rights is available at <https://www.myfloridacfo.com/Division/Agents/>.

I understand that, per section 626.171(5), F.S., all application fees are non-refundable.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

**MAIL THIS COMPLETED FORM TO THE ADDRESS PROVIDED AT THE TOP OF THE PAGE, OR  
 EMAIL TO: AgentLicensing@MyFloridaCFO.com, OR  
 FAX TO: (850) 413-3291**