

## FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Bureau of Agent & Agency Licensing 200 East Gaines Street, Larson Building, Tallahassee, FL 32399-0319 (850) 413-3137

## TEMPORARY BAIL BOND AGENT MANDATORY EMPLOYMENT VERIFICATION

PART I: (to be completed by applicant) I certify that upon being licensed as a Temporary Bail Bond Agent, I will be employed at: Employer/Agency Name: \_\_\_\_\_ Address:\_\_\_\_\_ City State Zip Code Signature of Applicant Print Name Social Security/License Number PART II: (to be completed by supervisor) I certify that I am a licensed and appointed limited surety (bail bond) agent in good standing. I will act in the capacity of supervisor of the applicant, if licensed, as described in Section 648.355(1)(e), Florida Statutes. I further acknowledge responsibility for the applicant's conduct in the bail bond business. Under penalty of perjury I declare that the foregoing statement is true. I further certify that upon being licensed as a Temporary Bail Bond Agent, the applicant will be employed at: Employer/Agency Name: Address: City State Zip Code Signature/Title of Supervisor Print Name

## NOTE:

You are required by federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, United States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act, The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.

Date

Supervisor's License Number