



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
200 East Gaines Street, Larson Building Room 419
Tallahassee, FL 32399-0319

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 will act in the capacity of supervisor of the applicant, if licensed, as described in 648.355 (l) (e), F.S. 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

 Social Security/License Number

 Date

***NOTE**

You are required by state and 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. Section 626.171(5), Florida Statutes, implements this federal law. 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.