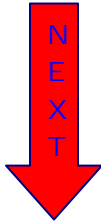




INSTRUCTIONS

TEMPORARY BAIL BOND AGENT EMPLOYMENT REPORT

This form must be filed at the completion of *each* month with the Department of Financial Services by the supervising bail bond agent, pursuant to 648.355, Florida Statutes.



Temporary Bail Bond Agent:

Business Name:
 Business Address:
 City/State Zip Code:
 Agency Phone Number:

Print legibly the name and business address of the temporary bail bond agent. If it cannot be read, it cannot be processed.

Business information must agree with information on agent's license records and that of the supervising agent.

Differences will be reason to return the form for corrections.

Remember to submit the reports **each** month to expedite processing.

HOURS WORKED DURING THE MONTH OF: Month hours were worked, 20 Year

Date	SUNDAY Hours	MONDAY Hours	TUESDAY Hours	WEDNESDAY Hours	THURSDAY Hours	FRIDAY Hours	SATURDAY Hours	WEEKLY TOTALS
Week 1 9/1 - 9/2						8.0	2.5	10.5
Week 2 9/3 - 9/9			6.5	10.0	10.0	10.0	10.0	46.5
Week 3 9/10 - 9/16		5.0	8.0			5.0	12.0	46.0
Week 4 9/17 - 9/23	12.0					10.0		42.0
Week 5 9/24 - 9/30		8.0	8.0	8.0	8.0	8.0		40.0

Put the date for each week you are entering hours in this month. (Examples are shown)

Actual hours worked by the temporary bail bond agent, each day. Only report hours for the days in the month listed.

Temporary Bail Bond Agent

I certify the hours recorded above are the actual hours I worked at this agency.

Name: Printed name of temporary agent
 License #: License # of temporary agent
 Signature: Signature of temporary agent

Sworn to and subscribed before me this ____ day of _____, 20__ by _____
 who is personally known to me, or produced _____ as identification.

Supervising Bail Bond Agent

I have verified the hours recorded above as the actual hours worked at this agency by this temporary bail bond agent.

Name: Printed name of supervising agent
 License #: License # of supervising agent
 Signature: Signature of supervising agent

Sworn to and subscribed before me this ____ day of _____, 20__ by _____
 who is personally known to me, or produced _____ as identification.

Notary's section used to certify the signatures of the agents. Signatures not notarized are not approved and returned.

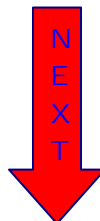
Notary Public, State of Florida (Signature)

Notary Public, State of Florida (Signature)

Seal:

Seal:

Form to be mailed to: Florida Department of Financial Services
 Licensing - Bail Bond Section
 Larson Building #419
 200 E. Gaines Street
 Tallahassee, Florida 32399-0319



DEPARTMENT USE ONLY		
STATUS	DATE	REVIEWER
Approved		
Not Approved		



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 EMPLOYMENT REPORT

This form must be filed at the completion of *each* month with the Department of Financial Services by the supervising bail bond agent, pursuant to 648.355, Florida Statutes.

Temporary Bail Bond Agent: _____
 Business Name: _____
 Business Address: _____
 City/State Zip Code: _____
 Agency Phone Number: _____

HOURS WORKED DURING THE MONTH OF: _____, 20____

<u>Date</u>	<u>SUNDAY</u> Hours	<u>MONDAY</u> Hours	<u>TUESDAY</u> Hours	<u>WEDNESDAY</u> Hours	<u>THURSDAY</u> Hours	<u>FRIDAY</u> Hours	<u>SATURDAY</u> Hours	<u>WEEKLY</u> <u>TOTALS</u>
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

Temporary Bail Bond Agent

I certify the hours recorded above are the actual hours I worked at this agency.

Name: _____
 License #: _____
 Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is personally known to me, or produced _____ as identification.

 Notary Public, State of Florida (Signature)

Seal:

Supervising Bail Bond Agent

I have verified the hours recorded above as the actual hours worked at this agency by this temporary bail bond agent.

Name: _____
 License #: _____
 Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is personally known to me, or produced _____ as identification.

 Notary Public, State of Florida (Signature)

Seal:

**Form to be mailed to: Florida Department of Financial Services
 Licensing - Bail Bond Section
 Larson Building #419
 200 E. Gaines Street
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