



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation
 200 East Gaines Street, Larson Building Room 412
 Tallahassee, FL 32399-0320

BAIL BOND AGENT NOTICE OF CHANGE OF ADDRESS

Last Name: _____ First Name: _____ MI: _____

License Number: _____ Driver's License Number: _____

Primary Business Name: _____

Primary Business Address: _____

Business City: _____ Business State: _____ Zip Code: _____ -

Agency Telephone Number: () - _____

Agency Fax Number: () - _____

Cellular Telephone Number: () - _____

Pager Number: () - _____

Home Address: _____ Apartment #: _____

Home City: _____ Home State: _____ Zip Code: _____ -

Home Phone Number: () - _____

E-mail address: _____

Mailing Address: Business Home Other: _____

If you are employed in more than one agency or branch office, please provide the name, address, telephone and fax numbers below for each agency.

Current Appointments: _____

 Signature of Licensee

 Date

648.421 Florida Statutes, Notice of Change of Address or Telephone Number

Each licensed bail bond agent shall notify the department in writing within 10 working days after a change in name, address or phone number for the licensee's principal business, home, agency or firm for which he or she writes bonds.

Mail to:
Florida Department of Financial Services
Bureau of Investigation
Attention: Ray Wenger, Administrator
Bail Bond Unit
200 East Gaines Street, Room 412
Tallahassee, FL 32399-0320
Phone Number: (850) 413-5660
Fax Number: (850) 488-5951