



**DEPARTMENT OF FINANCIAL SERVICES**

*Division of Insurance Agent & Agency Services - Bureau of Investigation - Bail Bond Section*  
200 East Gaines Street, Larson Building #412, Tallahassee, FL 32399-0320

**FILING OF BAIL BOND AGENCY BUSINESS NAME AND DESIGNATION/DELETION OF PRIMARY BAIL BOND AGENT**

This form must be filed with the Department of Financial Services within 10 working days after agency inception, agency change of address or change of primary bail bond agent designation, pursuant to ss. 648.387 & 648.421, FS

<b>AGENCY INFORMATION</b>	<b>Is this a new bail bond agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Is this a change of address for the agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	AGENCY NAME: _____	EMAIL: _____
	ADDRESS: _____	
	CITY _____ Florida	ZIP CODE: _____
PHONE: _____	FAX: _____	

<b>PRIMARY BAIL BOND AGENT</b>	The primary bail bond agent is responsible for the overall operation and management of this bail bond agency location.		
	LICENSE #	NAME (Last, First)	EMAIL
	DESIGNATE: _____	_____	_____
DELETE: _____	_____	_____	

<b>OWNER INFORMATION</b>	LICENSE #	NAME (Last, First)	EMAIL
	OWNER: _____	_____	_____

**SIGNATURES**

I attest that the above information is correct. The change is effective as of the date listed below.

I understand I must file a new form within ten (10) working days after a change in the information provided on this form.

OWNER'S SIGNATURE: _____	DATE: _____
PRIMARY BAIL BOND AGENT'S SIGNATURE: _____	DATE: _____

**PLEASE NOTE:** All questions will be directed to the primary bail bond agent listed on this form.

**PLEASE RETURN THIS FORM TO THE ADDRESS LISTED AT THE TOP OF PAGE, OR  
EMAIL TO: [Bailbond@MyFloridaCFO.com](mailto:Bailbond@MyFloridaCFO.com), OR  
FAX TO: (850) 488-5951.**