



**Department of Financial Services**  
**Division of Agent & Agency Services – Bureau of Licensing**

Individual Application for Temporary Permit to Operate a Bail Bond Agency

Today's Date: \_\_\_\_\_

**Applicant**

First:	MI:	Last:
Date of Birth:	Social Security #*:	
<b>*NOTE</b>		
<p>You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, Unites 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.</p>		

**Addresses**

Street:		
City:	State:	Zip Code:
Phone:	Cell:	
Email:		

**Agency**

Name:		
Street:		
City:	State:	Zip Code:
Phone:	Fax:	
Primary Bail Bond Agent:	License #:	
Previous Agency Owner:	License #:	
Reason for request for permit:	<input type="checkbox"/> Death of owner	<input type="checkbox"/> Mental incapacity of owner
Relationship of applicant to owner:		
<i>Please submit documentation attached to this application to support your responses above.</i>		

Are you currently licensed by the Department of Financial Services?  Yes  No

If yes, please provide your license number: \_\_\_\_\_

Are you a jailer, police officer, committing magistrate, sheriff, deputy sheriff, employee of a court or clerk of any court, attorney or do you have the power to arrest or have anything to do with the custody or control of federal, state, county or municipal prisoners?  Yes  No

**Florida Department of Financial Services**

Division of Agent & Agency Services – Bureau of Licensing  
Individual Application for Temporary Permit to Operate a Bail Bond Agency

---

Are you a United States citizen or legal alien with a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted, found guilty, or pled guilty or nolo contendere (no contest) to a felony, or crime of moral turpitude, or a crime punishable by imprisonment of 1 year or more under the laws of any municipality, county, state, territory or country, whether or not adjudication was withheld or a judgment of conviction was entered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on probation for any legal action or participating in a pretrial intervention program or any other diversion programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there currently pending against you or any entity you control, any criminal, administrative or civil charges in any state or federal court anywhere in the United States or its possessions or any other country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a judgment ever been obtained or is there currently pending any type of civil action as it relates to insurance against you individually or against any entity in which you are or were an officer, director, partner, or owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any company ever refused to bond you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a securities, real estate broker or other license by a state agency or public authority in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had an application for a license declined or denied by this or any other insurance regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any professional license subject to any of the following:		
Revoked in Florida or any other state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspended in Florida or any other state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administratively fined or a penalty imposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had a cease and desist order issued against it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any agent or producer contract terminated by an insurance company or managing general agent for any alleged cause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a child support obligation in arrearage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that this permit, if issued, is valid for no more than 24 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that this permit, if issued, does not authorize you to engage in any activities as a bail bond agent or as a temporary bail bond agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you affirm that you will maintain a properly licensed and appointed bail bond agent as the designated primary bail bond agent for this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that you must advise the department of any change in your home address, mailing address, and email address or phone numbers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Florida Department of Financial Services**

Division of Agent & Agency Services – Bureau of Licensing

Individual Application for Temporary Permit to Operate a Bail Bond Agency

---

Do you understand that you must advise the department of any change in the agency's business address, mailing address, and email address or phone numbers?  Yes  No

I have attached sworn statements by at least three (3) reputable citizens who are residents of the same county where this bail bond agency is located, attesting to my integrity and moral character.  Yes  No

I understand I must have my fingerprints taken by LiveScan method at one of the Department's fingerprint sites before my application will be considered for approval.  Yes  No

I understand this permit does not allow me to execute or sign bonds, handle collateral receipts, deliver bonds to appropriate authorities, present defendants in court, apprehend or arrest defendants, or surrender defendants to the appropriate authorities.  Yes  No

I understand this permit will allow me to operate and receive income for this bail bond agency for a maximum of 24 months without obtaining a license as a limited surety (bail bond) agent in Florida.  Yes  No

I have attached an original certified copy of the death certificate or certificate of mental incapacitation of the owner of this agency.  Yes  No

---

**Florida Department of Financial Services**

Division of Agent & Agency Services – Bureau of Licensing  
Individual Application for Temporary Permit to Operate a Bail Bond Agency

---

**Applicant Affirmation Statement**

Where required by law, I hereby name and appoint the Chief Financial Officer of the State of Florida my attorney to receive service of legal process issued against me, upon causes of action arising within the State of Florida out of transactions under my Florida license; that this appointment shall constitute effective legal service upon me as long as there may be any cause of action against me arising out of insurance transactions within the State of Florida. (Sections 626.741; 626.742; 626.792; 626.835; 626.836; 626.84201, F.S.)

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree provided under section 837.06, F.S.

Under penalties of perjury, I declare I have read the foregoing application and that the facts stated in it are true to the best of my knowledge and belief; and that I have not withheld any information that would in any way affect my qualifications. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Insurance Code and may result in the denial of my application and/or the revocation of my insurance license(s).

I understand that as an applicant who is subject to a national fingerprint-based criminal history record check, I have certain rights based on Title 28, Code of Federal Regulations (CFR), Section 16.30 – 16.34. The rights include a reasonable time to respond to the agency for any deficiencies reported in the criminal history report; the ability to challenge the accuracy of the information in the report by contacting the FBI; and any records held by the agency will be used and retained according to the FBI’s Criminal Justice Information Services (CJIS) requirements. A copy of the a Noncriminal Justice Applicants Privacy Rights may be obtained by visiting the agency’s website at <https://www.myfloridacfo.com/Division/Agents/> .

**I understand that, per section 626.171(5), F.S., all application fees are non-refundable.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Send this form and any attachments to:

Florida Department of Financial Services  
Division of Agent & Agency Services  
Bureau of Licensing  
200 East Gaines Street, Room 419  
Tallahassee FL 32399-0319