



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

AGENCY INFORMATION	Is this a new bail bond agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is this a change of address for the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AGENCY NAME: _____	EMAIL: _____	
ADDRESS: _____		
CITY _____	Florida	ZIP CODE: _____
PHONE: _____	FAX: _____	
IF THIS IS A CHANGE OF ADDRESS, PLEASE LIST THE PREVIOUS ADDRESS BELOW		
ADDRESS: _____		
CITY _____	Florida	ZIP CODE: _____

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

OWNER INFORMATION	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: Bail.Bond@MyFloridaCFO.com, OR
FAX TO: (850) 488-5951.**