

**CHAD CHRONISTER, SHERIFF
HILLSBOROUGH COUNTY, FLORIDA
APPLICATION FOR REGISTRATION AS A BAIL BOND AGENT**

For the Period: April 1, 2025 through March 31, 2027

Name: _____
(Last) (First) (Middle)

Name of Business: **Phone#** _____

Address: _____
(Street) (City) (County) State/Zip Code

Mailing Address: _____
(Street/P.O. Box) (City) (County) State/Zip Code

Email Address:

Home Address:,
(Street) (City) (County) State/Zip Code

Home Phone: _____ **Date of Birth:** _____

Surety Company Name: _____

Managing General Agent: _____

Phone: _____

Address: _____
(Street) (City) (County) State/Zip Code

Qualifying Power of Attorney:

Number: **Amount:** **Date Issued:**

State of Florida Insurance License Number: _____

SIGNATURE AS IT WILL APPEAR ON BONDS / POWERS: _____

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I will comply with Chapter 648 and 903 of the Florida Statutes, as amended, Florida Department of Financial Services and all other laws and legal regulations now existing or which may be promulgated in the future applicable to the licensing of bail bond agents or the conduct of the surety bond business.

I certify that my license to act as a bail bond agent is not under suspension or revocation statewide or in any County of the State of Florida. I will report in writing the suspension or revocation of my license statewide or in any County of the State of Florida to the Hillsborough County Sheriff's Office, Attention: Financial Services Division within seventy-two hours of the change becoming effective.

Approval Date *Signature of Bail Bond Agent* *Date*

IF REGISTRATION IS BY MAIL, PLEASE HAVE THIS FORM NOTARIZED BELOW:

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by know _____ who is (personally to me) or (who has produced) and _____ (type of identification) who (did/did not) take an oath.

Notary Public Signature *Date*

Type or Print Name *Commission Expiration Date*

Street Address *Area Code - Phone*

Number City/State/Zip Code