



**ALABAMA PROFESSIONAL BAIL BONDING BOARD  
LICENSING APPLICATION  
60 Commerce Street – Ste 1440  
Montgomery AL 36104**

Application For: Professional Bondsman  Professional Surety Bondsman  Recovery Agent  Owner of Agency  Agency Employee

Full Name: \_\_\_\_\_  
 (First) (Middle) (Last) (Social Security Number)

Residential Address: \_\_\_\_\_  
 (Street Address) (City)  
 \_\_\_\_\_  
 (County) (State) (Zip)

Business Name and Address: \_\_\_\_\_  
 (Name) (Street Address)  
 \_\_\_\_\_  
 (City) (County) (State) (Zip)

List all Counties you are authorized to execute bonds: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

List other names you have gone by: \_\_\_\_\_

Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? **If YES, in addition to an affidavit**, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer. YES  NO

**Applicants must supply to the Board a certified fingerprint background check from ALEA that is not more than 90 days old. Any applicant convicted of a misdemeanor or felony in another State must supply a certified copy of a fingerprint background check from the respective State.**

List Residence(s) for the past five years, beginning with most recent: (Attach additional page if necessary)

Date From / To	Street Address	City	State

List employment for the past five years, beginning with current employment: (Attach additional page if necessary)

Date From / To	Company Name, Street Address	City	State

Current employer phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Have you been licensed as a bail bondsman in this or any other State? YES  NO

If yes, list State(s): \_\_\_\_\_ license number(s): \_\_\_\_\_

Has your bail bonding license or authorization to write bail ever been suspended or revoked in this State or any other?

If yes, please provide information and documentation as to cause and findings. YES  NO

Year last licensed: \_\_\_\_\_ (Attach additional page if necessary)

Are you a U.S. Citizen? YES  NO

Certifying Statement "By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Alabama Professional Bail Bonding Board to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

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

\_\_\_\_\_ Printed Name of Applicant

\_\_\_\_\_ Date

Mail signed application and application and ID card fee (\$125.00 and \$10.00 -money order, cashier's check or business check) along with Immigrations Compliance Form and the certified ALEA documentation with a 2x2 photo to:

ALABAMA PROFESSIONAL BAIL BONDING BOARD  
 60 COMMERCE STREET - SUITE 1440  
 MONTGOMERY AL 36104