Alabama Professional Bail Bonding Board 60 Commerce Street Suite 1440 Montgomery AL 36104

License Renewal Form for: (check one)

Professional Bondsman Profession	nal Surety Recovery Agent Bail Bonds Agency Owner Employee
Name:	
License #	Last 4 of Social Security #
Home Address:	
Home Number:	Cell Number:
Bail /Recover Agency:	
Business Address:	
Business Phone Number:	Email Address:
Please check which one applies:	
I have completed the 8 hours of continuing	ng education required to renew my license.
I am a professional bail company owner, profession, I shall only be required to comple	, who is 55 years of age and has 10 years or more of experience in the ete four hours of continuing education.
	er 2, 1959 with 10 years or more of experience in bonding and am exempt e and mail the Affidavit found on the website www.apbb.alabama.gov with this
My CE Order Number assigned by the Alaba	ama Bail Bond Association for this program is:
I certify that I have completed this form to re-	new my license:Signature

TO: Alabama Professional Bail Bonding Board 60 Commerce Street Suite 1440 Montgomery AL 36104

Please remit with money order or business check \$135.00 (Renewal Fee of \$125.00 and ID Card Fee \$10.00)