

alication Form

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

(First)	(Middle)		(Last)	(Social	Security Number
esidential Address:					
	(Street Address)			(City)	
County)		(State)			(Zip)
Business Name and Address:					
	(Name)			(Street Add	ress)
City)	(County)			(State)	(Zip)
ist all Counties you are aut	thorized to execute bonds	:			
Susiness Phone:		_ Home Pho	ne		
Cell Phone:		Age:	Date of	f Birth:	
mail Address:					
ist other names you have	gone by:				

applicable, as well as a statement from the probation or parole officer. YES \Box NO \Box

Applicants must complete a certified fingerprint background check from ALEA and NCIC that is not more than 90 days old. This application is on the Board website. Please print out the application and submit to the Board's Office along with the fingerprint card and payment. 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	Street Address		
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 ot	er State? YES 🖵 🛛 NO 🖵
If yes, list State(s):lice	nse 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 VES NO VES

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
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_____ Printed Name of Applicant

_____ Date

Mail signed application with the fees (\$125.00 – application fee , \$10.00 – ID Card fee and \$38.25 – ALEA fee by money order, cashier's check or business check) totaling \$173.25 along with Immigrations Compliance Form and the certified ALEA documentation, copy of driver's license and the 2x2 photo to:

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