



**ALABAMA PROFESSIONAL BAIL BONDING BOARD
LICENSING APPLICATION
2777 Zelda Road
Montgomery AL 36106**

Application For Professional Bondsman Apprentice

Full Name: _____
(First) (Middle) (Last) (Social Security Number - required)

Residential Address: _____
(Street Address) (City)

(County) (State) (Zip)

Business Name and Address: _____
(Name) (Street Address)

(City) (County) (State) (Zip)

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**

List Name and License Number of your supervisor: _____

Current supervisor's phone number: _____

Supervisor's Place of Employment: _____

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

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. **Further I understand as an Apprentice I am required to be physically present with my supervisor at all times when serving in the capacity of a Recovery Agent.**

_____ Signature of Applicant

_____ Printed Name of Applicant

_____ Date

Mail signed application with fee (\$50.00 - money order, cashier’s check or business check) along with Immigrations documentation to the address on the front of this application.