

ALABAMA PROFESSIONAL BAIL BONDING BOARD LICENSING APPLICATION 2740 Zelda Road - Box 5 Montgomery AL 36106

Application For Professional Bondsman Apprentice

Full Name:				
(First)	(Middle)	(Last)	(Socia	l Security Number - required)
Residential Address:				
(City)	(County)		(State)	(Zip)
Business Name and Address:				
	(Name)		(Street Address)	
(City)	(County)		(State)	(Zip)
Phone: Business:	н	lome/Cell:		
Age: Date of Bir	th: (Month/Date/Year)			
Email Address:				
List other names you have go	one by:			
Have you ever been convicted (federal, or military court (other YES NO This Question M If YES, provide:	than minor traffic violations) w		•	
A statement detailing t conviction).	he charge or plea, including the	e outcome (e.g., diversion	on program, dism	issal, expungement, or
3. If you have obtained a	rt records, including offense den order of Limited Relief under for professional licensure desp	Alabama Code Section		
*List Name and License Nun	nber of your supervisor:			
Current supervisor's phone n	umber:			
Supervisor's Place of Employ	ment:			

*If there is a change to this arrangement, the Supervisor and the Apprentice Licensee are required to report such change to the Board within 10 days. The Apprentice is required to always have supervision by a Licensed Bondsman to work as an Apprentice.

List Residence(s) for the past five years, b	eginning with most recent:	(Attach additional	page if necessary)
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	Date From / To	Street Address	City	State
	List ampleument	for the past five years, beginning with current employme		
	Date	Tor the past live years, beginning with current employme	nt	
	From / To	Company Name, Street Address	City	State
Are yo	u a U.S. Citizen?	YES NO		
underst informa Profess applica authori law enf comple of appli	tand the instructions ation given in this application given in this applicational Bail Bonding Bolle data banks, and ze the licensing authorcement records, at teness of the information to	rtue of filing this application, I do solemnly swear or affired and terms as set forth in this application form, that I have oplication is true, correct, and complete to the best of my oard to verify any and all information contained in this application this information to the licensing authority of mority of the state where application is submitted to review administrative records, motor vehicle records, and court of mation provided herein. This application and signature shape release such information to the licensing authority. Fur	we personally completed this for knowledge. I hereby authorized oplication, including information the state to which this applicate we state files pertaining to my land documents to confirm the accurate accurate as authorization of entition ther I understand as an Appre	erm, that the the the Alabama in maintained in ion is made. I licensure, and all racy and es in possession entice I am
require	d to be physically p	resent with my supervisor at all times when serving in t	he capacity of a Recovery Age	nt.
		Signature of Applicant		
		Printed Name of Applicant		
		Date		
	Mail signed a	pplication with fee (\$50.00 - money order, cashier's	check or business check) alo	ong with a copy

Mail signed application with fee (\$50.00 - money order, cashier's check or business check) along with a copy of your driver's license to the address on the front of this application.