#### **BAIL BOND AGENT REGISTRATION**

For the	period: April 1,	through March 31,	

Florida Statute §648.42 requires bail bond agents to both register and file a certified copy of his or her appointment by power of attorney with the Sheriff and the Clerk of the Circuit Court by April 1 of each odd-numbered year in the county in which the agent resides.

To register with the Sheriff you must provide copies of the following after filing with the Clerk of the Circuit Court:

- 1. A completed Volusia Sheriff's Office Registration application for each surety company including a notarized signature.
- 2. A copy of your renewed qualifying Power of Attorney.
- 3. A copy of your Florida Department of Financial Services License Photo ID.
- 4. A copy of your Certificate of Appointment by your insurance company.

Deliver the above in person, by email or by US mail:

## In person:

Volusia Sheriff's Office Records Section 4th floor of the Thomas C. Kelly Administration Center 123 W. Indiana Ave., DeLand 32720

#### **Email:**

CentralRecords@volusiasheriff.gov

#### Mail:

Volusia Sheriff's Office Records Section P.O. Box 569 DeLand, FL 32721

# VOLUSIA SHERIFF'S OFFICE BAIL BOND AGENT REGISTRATION

Name	(Last, First, Middle)	Date of Birth
		Phone#
		Zip Code
Business Name		
		Phone #
City		
		Code
Mailing Address Stree	t	
Cit	у	
State	e	Zip Code
Surety Company Name		
Managing General Agent		
		Phone #
		Code
Qualifying Power of Atto	orney Number	
	Amount	
	e License Number	

**Affix Surety Company Seal** 

# VOLUSIA SHERIFF'S OFFICE BAIL BOND AGENT REGISTRATION

## Registration as a Bail Bond Agent

I will comply with Chapters 648 and 903 of the Florida Statutes, as amended, Florida Department of Financial Services and all other laws and legal regulations now existing or which may be promulgated in the future applicable to the licensing of bail bond agents or the conduct of the surety bond business.

I certify that my license to act as a bail bond agent is not under suspension or revocation statewide or in any County of the State of Florida. I will report in writing the suspension or revocation of my license statewide or in any County of the State of Florida to the Volusia Sheriff's Office, Attention: Records Section within seventy-two hours of the change becoming effective.

Approval Date	Signature of Bail Bond Agent	Date
STATE OF FLORIDA		
COUNTY OF VOLUSIA		
Sworn to (or affirmed) and subscrib	bed before me by means of $\square$ physical presence or $\square$ online notarization,	
this day of	,, by Affiant's Name	
Signature of (Circle One: Notary Public-So	ate of Florida or Law Enforcement Officer)	
(Print, Type, or Stamp Commissioned Nam-	e of Notary Public)	
Personally known OR	Produced Identification	
(Type of Identification Produced)		