

**Alachua County Clerk of Court
BAIL BOND AGENT REGISTRATION FORM**

The undersigned hereby applies for registration as a bail bond agent to write bonds in Alachua County. I understand I must submit my registration to both the Alachua County Clerk of Court and the Alachua County Sheriff. My registration also includes

- A certified copy of each surety's power of attorney
- A copy of my state license

I understand any registration form with missing information will not be processed and a new registration form with certified copies will be required, before I can be registered in Alachua County.

Registration Period:	April 1, 2021 – March 31, 2023		License No.:				
Name*			County of Residence				
Surety Company 1*							
Surety Company 2*							
Address for Notices*		City		St	FL	Zip	
Email for Notices*	for clerk/court notices						
Phone/Fax*	phone		fax				
Agency 1 Name							
Agency 2 Name							

*Required information

Copy of license and certified copies of all powers of appointment are attached.

Agent agrees:

- To give written notice to the clerk within 10 working days of any address, telephone number, or email address change. FS 648.421.
- To file a copy of the power of appointment given to any licensed agent who is authorized and appointed to sign agent's name to bonds with the sheriff and clerk. FS 648.43.
- To print or stamp agent's license number and name below or next to agent's signature when writing a bond, so the Clerk can identify the agent who wrote the bond.
- To accept all court notices** by e-mail or by mail—either as shown on the bond or above or other updated e-mail address provided to the clerk, but only to a single address, or if none, to the email address the agent has on file with the state's licensing department. On transfer bonds, the agent shown on the bond as receiving notice is responsible for sending notice to any affected agents.
- To abide by local Administrative Orders, including setting aside forfeitures on quashed capiases.

Date: _____

Agent's Signature

Send registration, copy of license, and certified copy of power of attorney to bailbond@alachuaclerk.org

Office Use Only-License Verification

Agent Licensed

Yes

No

Date verified: _____ Clerk _____

Comments: _____