

**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 and agrees to submit a registration form to both the Alachua County Clerk of Court and the Alachua County Sheriff. This registration also includes

- ☐ A certified copy of each surety's power of attorney, submitted with this application
☐ A copy of my state license, submitted with this application

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, 2025 – March 31, 2027		License No.:				
Name*				County of Residence			
Surety Company 1*							
Surety Company 2*							
Agent's Address*		City		St	FL	Zip	
Email for Notices*	for clerk/court notices						
Phone							
Agency 1 Name							
Agency 2 Name							

*Required information

Agent agrees:

1. To give written notice to the clerk within 10 working days of any address, telephone number, or email address change. FS 648.421.
2. 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.
3. 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.
4. **To accept all court notices by e-mail**—either as provided in this registration or as indicated on the bond or as updated in writing 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 signing the bond is responsible for sending notice to any affected agents.
5. To abide by local Administrative Orders.
6. To the setting aside of a forfeiture where the capias has been quashed by court order, returning all parties to pre-forfeiture status.

By typing your name on the signature line below, you are electronically signing this document, which has the same effect as a handwritten signature.

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: _____