



**Limited Surety Agent, Professional Bail Bond Agent
 Sworn Statement**

Florida Statutes §648.34(1), states: “An application for licensure as a bail bond agent must be submitted on forms prescribed by the department...” and **§648.34(2)(d)** requires that “The applicant is vouched for and recommended upon sworn statements filed with the department by at least three reputable citizens who are citizens of the same counties in which the applicant proposes to engage in the bail bond business.”

The applicant being vouched for on this form:

First name	Middle	Last Name	Social Security #
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I, the undersigned, hereby certify that the individual listed above, who has filed an application for license-examination required as a limited surety (bail bond) agent is personally known to me and is of good business reputation and of good moral character.

I also attest that I am a resident of a county where this applicant proposes to engage in the bail bond business.

Signature	County of residence
Printed Name	Street Address
Phone Number	City, State Zip Code

A TOTAL OF AT LEAST THREE (3) FORMS SHOULD BE SUBMITTED WITH YOUR APPLICATION FOR LICENSE



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent and Agency Services - Bureau of Licensing
200 E Gaines Street, Larson Building Tallahassee FL
32399-0319

Privacy Statement

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2.a., F.S., a state agency may collect your social security number if the collection is:

- (I) specifically authorized by law; or
- (II) imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.