



**DEPARTMENT OF FINANCIAL SERVICES**

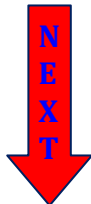
*Division of Agent & Agency Services - Bureau of Licensing*

200 East Gaines Street, Larson Building  
Tallahassee, FL 32399-0319

**INSTRUCTIONS**

**TEMPORARY BAIL BOND AGENT EMPLOYMENT REPORT**

This form must be filed at the completion of *each* month with the Department of Financial Services by the supervising bail bond agent, pursuant to 648.355, Florida Statutes and 69B-221.051, Florida Administrative Code .



Temporary Bail Bond Agent:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State Zip Code: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Print legibly the name and business address of the temporary bail bond agent. If it cannot be read; it cannot be processed.  
Business information must agree with the information on the agent's license records and that of the supervising agent.  
Differences will be reason to return the form for corrections.  
Remember to submit the reports **EACH** month to expedite processing.  
Failure to send a report to the department within 30 days after the last hour worked on the form may result in loss of credit for some or all of your hours.

**HOURS WORKED DURING THE MONTH OF: Month hours were worked, 20Year**

| Date                  | SUNDAY<br>Hours | MONDAY<br>Hours | TUESDAY<br>Hours | WEDNESDAY<br>Hours | THURSDAY<br>Hours | FRIDAY<br>Hours | SATURDAY<br>Hours | WEEKLY<br>TOTALS |
|-----------------------|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|------------------|
| Week 1<br>9/1 - 9/2   |                 |                 |                  |                    |                   | 8.0             | 2.5               | 10.5             |
| Week 2<br>9/3 - 9/9   |                 |                 | 6.5              | 10.0               | 10.0              | 10.0            | 10.0              | 46.5             |
| Week 3<br>9/10 - 9/16 |                 |                 | 8.0              |                    |                   | 5.0             | 12.0              | 46.0             |
| Week 4<br>9/17 - 9/23 | 12.0            |                 | 10.0             |                    |                   |                 | 10.0              | 42.0             |
| Week 5<br>9/24 - 9/30 |                 | 8.0             | 8.0              | 8.0                | 8.0               | 8.0             |                   | 40.0             |

Put the dates of the days in the week being reported (Examples shown)

Report the actual hours worked by the temporary bail bond agent, each day. Only report hours for the days in the month listed.

**Temporary Bail Bond Agent**

I certify the hours recorded above are the actual hours I worked as a temporary bail bond agent at this agency, to meet the qualifications under §648.355, F.S.

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Signature: \_\_\_\_\_

State of **FLORIDA** County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who  is personally known to me, or who  produced \_\_\_\_\_ as identification.

**Supervising Bail Bond Agent**

Under penalty of perjury I certify as required by §648.355(1)(e), F.S. that I have verified the hours recorded above as the actual hours worked as a temporary bail bond agent at this agency by this licensee.

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Signature: \_\_\_\_\_

State of **FLORIDA** County of \_\_\_\_\_

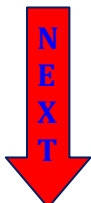
Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who  is personally known to me, or who  produced \_\_\_\_\_ as identification.

Notary's section used to certify the signatures of the agents. Signatures not notarized are not approved and the form will be returned.

Notary Public, State of Florida \_\_\_\_\_ (Seal)

\_\_\_\_\_  
(Signature)  
(Seal)

**Form to be mailed to:** Florida Department of Financial Services  
Bureau of Licensing  
Larson Building #419  
200 E. Gaines Street  
Tallahassee, Florida 32399-0319



| DEPARTMENT USE ONLY |      |          |
|---------------------|------|----------|
| STATUS              | DATE | REVIEWER |
| Approved            |      |          |
| Not Approved        |      |          |



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Temporary Bail Bond Agent: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State Zip Code: \_\_\_\_\_  
Agency Phone Number: \_\_\_\_\_

**HOURS WORKED DURING THE MONTH OF: \_\_\_\_\_, 20\_\_\_\_**

| <u>Date</u> | <u>SUNDAY</u><br>Hours | <u>MONDAY</u><br>Hours | <u>TUESDAY</u><br>Hours | <u>WEDNESDAY</u><br>Hours | <u>THURSDAY</u><br>Hours | <u>FRIDAY</u><br>Hours | <u>SATURDAY</u><br>Hours | <u>WEEKLY</u><br><u>TOTALS</u> |
|-------------|------------------------|------------------------|-------------------------|---------------------------|--------------------------|------------------------|--------------------------|--------------------------------|
| Week 1      |                        |                        |                         |                           |                          |                        |                          |                                |
| Week 2      |                        |                        |                         |                           |                          |                        |                          |                                |
| Week 3      |                        |                        |                         |                           |                          |                        |                          |                                |
| Week 4      |                        |                        |                         |                           |                          |                        |                          |                                |
| Week 5      |                        |                        |                         |                           |                          |                        |                          |                                |

**Temporary Bail Bond Agent**

I certify the hours recorded above are the actual hours I worked as a temporary bail bond agent at this agency, to meet the qualifications under §648.355, F.S.

Name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Signature: \_\_\_\_\_

State of FLORIDA County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who  is personally known to me, or who  produced \_\_\_\_\_ as identification.

Notary Public, State of Florida (Signature)  
(Seal)

**Supervising Bail Bond Agent**

Under penalty of perjury I certify as required by §648.355(1)(e), F.S. that I have verified the hours recorded above as the actual hours worked as a temporary bail bond agent at this agency by this licensee.

Name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Signature: \_\_\_\_\_

State of FLORIDA County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who  is personally known to me, or who  produced \_\_\_\_\_ as identification.

Notary Public, State of Florida (Signature)  
(Seal)

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# Warning

## Safeguard your hours

Employment reports are required to be submitted to the Department of Financial Services no later than the last day of the month following the month being reported on the form. (See 69B-221.051(4)(e), Florida Administrative Code).

Failure to submit employment reports each month may result in the loss of credit for the hours worked as well as administrative action being taken.

For example, the hours worked in January should be submitted to the Department of Financial Services no later than the end of February of that same year.

**Submit  
Employment reports  
Each month**

The department reviews the employment reports as soon as they are received. If an error or problem is found, we can notify you in time to correct the problem before the temporary license expires.