



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Licensing
 200 East Gaines Street, Larson Building Room 419
 Tallahassee, FL 32399-0319

BAIL BOND AGENT NOTICE OF CHANGE OF ADDRESS

Last Name: _____ First Name: _____ MI: _____

License Number: _____ Driver's License Number: _____

Primary Business Name: _____

Primary Business Address: _____

Business City: _____ Business State: _____ Zip Code: _____ -

Agency Telephone Number: () - _____

Agency Fax Number: () - _____

Cellular Telephone Number: () - _____

Pager Number: () - _____

Home Address: _____ Apartment #: _____

Home City: _____ Home State: _____ Zip Code: _____ -

Home Phone Number: () - _____

E-mail address: _____

Mailing Address: Business Home Other: _____

If you are employed in more than one agency or branch office, please provide the name, address, telephone and fax numbers below for each agency.

Current Appointments: _____

 Signature of Licensee

 Date

648.421 Florida Statutes, Notice of Change of Address or Telephone Number

Each licensed bail bond agent shall notify the department in writing within 10 working days after a change in name, address or phone number for the licensee's principal business, home, agency or firm for which he or she writes bonds.

Mail to:
Florida Department of Financial Services
Bureau of Licensing
200 East Gaines Street, Room 419
Tallahassee, FL 32399-0319
Phone Number: (850) 413-3137

Bail bond agencies that move should complete a new Designation of Primary Bail Bond Agent form listing the new address and noting that the owner and primary bail bond agent are the same if applicable.