

Fulton County Sheriff's Office

PROFESSIONAL BONDSPERSON APPLICATION

NAME OF APPLICANT: _____

LEGAL NAME OF BUSINESS: _____

OPERATING/TRADE NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

ORIGINAL [_____] RENEWAL [_____]



FOR OFFICE USE ONLY	FILE NO.
DATE RECEIVED: _____	DATE APPROVED: _____
CERTIFICATE ISSUED BY: _____	DATE: _____
CERTIFICATE NUMBER: _____	DENIED: _____

PROUDLY SERVING THE CITIZENS OF FULTON COUNTY

BONDSPERSON QUALIFICATION POLICIES

QUALIFICATIONS:

Person who are permitted to act as an agent for a professional bonding company, be a professional bondsperson, or own any interest in, or be an officer, agent, partner, or member of the Board of Directors of a professional bonding entity, must be (according to O.C.G.A § 17-6-50): *eighteen (18) years of age or older; must be a resident of the state of Georgia for at least one year before making application to write bonds; a person of good moral character and who has not been convicted of a felony or an crime involving moral turpitude.*

To this end, no person shall be permitted to act as an agent for a professional bonding company or be a professional bondsperson unless and until that person shall first obtained *an affidavit from two (2) Georgia residents affirming that said person is of good moral character and that his or her past conduct is satisfactory to be authorized herein.*

REQUIREMENTS:

For approval to act as a Professional Bondsperson in Fulton County, Applicant must submit an application complete in detail (address, phone numbers, zip codes, etc.), and all of the below listed items one (1) through eleven (11) must accompany the completed application.

1. Birth Certification: []
2. Credit Report: []
3. DD-214: [] if applicable
4. Valid GA Driver's License: [] No.:
5. High School Diploma or G.E.D. []
6. Social Security Card: [] No.:
7. Power of Attorney: [] Date Recorded:
8. GA. Insurance License: [] No.:
9. Copy of permit(s) granted by other municipalities: []
10. Employer's Request for Approval of employee to act as a Professional Bondsperson.
11. Two (2) Affidavits of Good Conduct from two (2) Georgia residents.

Application Fee:

All application package (FCSD BS-1 and FCSD BS-2) must be accompany by a **non-refundable** filing fee of \$150.00.

A non-refundable fee of \$45.00 for fingerprinting must accompany all applications. (Only Postal Money Orders or Cashier Checks Payable to Fulton County Sheriff's Office will be accepted).

MAKE CHECKS PAYABLE TO: FULTON COUNTY SHERIFF'S OFFICE

(Include the Company's name on the bottom of the check)

Fulton County Sheriff's Office



Justice Center Tower Bldg.
185 Central Ave., 9th Floor
Atlanta, GA 30303
404-612-5100

CONSENT FORM

I hereby authorize Fulton County Sheriff's Bonding Administration to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Last Name First Name Middle (Maiden Name – if applicable)

Address

City State Zip Code Telephone/Contact#:

Sex Race Hgt. Wgt. DOB

Driver's License# State Expires Social Security #:

Signature

Date

DO NOT WRITE BELOW THIS LINE (OFFICAL USE ONLY)

BAIL RECOVERY/BONDS AGENT RAFFLE LICENSE GOOD CHARACTER LETTER

Requesting Person's Signature

Date

**EMPLOYER'S REQUEST FOR APPROVAL OF EMPLOYEE TO AS A
PROFESSIONAL BONDSPERSON**

I hereby request that _____, be approved to act as a Professional Bondsperson for _____. I understand and agree that the Fulton County Sheriff's Office does not assume Civil or Criminal liability for any action of the above named individual. The agency I represent will accept full Civil and Criminal liability and/or responsibility for any action of the above named individual. I will be responsible for returning the identification card upon request and/or separation of the above named individual from this agency.

Agency: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

Authorized Signature of Owner/Manager, Etc.: _____
Date: _____

Sworn to and subscribed before me
this _____ day of _____, _____.

Notary Public

PERSONAL

1. Last Name: _____ First: _____ Middle: _____ Maiden: _____
 2. Address: _____ Res Phone: _____ Other: _____
 3. City: _____ County: _____ State: _____ Zip Code: _____
 4. Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 5. Date of Birth: _____ Place of Birth: _____
 6. Are you a U.S. Citizen? Yes [] No [] Social Security #: _____
 7. Ga Driver's License No.: _____ Occupation: _____
 8. List all names used by you: _____
-

EMPLOYMENT

9. Full Time Employer or Business: _____ Position: _____
10. Address: _____ City: _____ State: _____ Zip Code: _____
11. Phone: _____ Name and Title of Supervisor: _____
12. Name of Bonding Co. you will be employed or representing: _____
13. Position: _____
14. Address: _____ City: _____ State: _____ Zip Code: _____
15. Phone: _____ Name and Title of Supervisor: _____

ARREST RECORD

16. Have you ever been arrested or detained by the police? Yes [] No [] If yes, give details:
 Crime Charged: _____ Date: _____
 Police Agency: _____ Disposition of Case: _____
17. Crime Charged: _____ Date: _____
 Police Agency: _____ Disposition of Case: _____
18. Have you ever been convicted of a felony? Yes [] No []. If yes give details: _____
19. Have you ever been placed on probation? Yes [] No []. If yes give details _____
20. Are you a Certified Peace Officer? Yes [] No []. If yes, give State and certification no.: _____
21. Are any members of your family or relatives, (by blood or marriage) employed by the Fulton County Sheriff's Office? Yes [] No [] If yes, give name(s), relationship, and where employed.

22. Have you ever owned a Professional Bonding Co.? Yes [] No []. If yes, answer the following questions:

- a. Where? _____
- b. What type collateral? _____
- c. Have you completed you obligations to that jurisdiction? Yes [] No []
If no, explain: _____
- d. How long have you been in the Professional Bonding business? _____

23. Have any Sheriff ever refused to approve you as a Professional Bondsperson? Yes [] No []
if yes, why? _____

24. Have you ever worked for a Professional Bonding Company? Yes [] No [] If yes, list all of the companies you have worked for in the last fifteen (15) years starting with you present company, include part-time employment. If you need more space, you may attach additional sheets.

25. From (MO/YR _____ To) MO/YR) _____ Position: _____
Name of Employer _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____

26. From (MO/YR _____ To) MO/YR) _____ Position: _____
Name of Employer _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____

27. From (MO/YR _____ To) MO/YR) _____ Position: _____
Name of Employer _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____

28. If you own an interest in a bonding business, state source of funds used to acquire that interest. If such interest is one of ownership, or if as a Creditor, explain how debt arose and it's type and duration. Can it be converted to an equitable interest? _____

29. Are any members of your family or relatives (by blood or marriage) in the Bail Bonding business? Yes [] No [] If yes, give name, relationship, and name of Bonding Company(s)
Name: _____ Relationship: _____
Company Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____

MARITAL STATUS

30. SINGLE [] MARRIED [] SEPARATED [] DIVORCED [] WIDOWED []

31. Spouse's First Name: _____ Middle Name: _____ Maiden Name: _____

32. Spouse's Last Name: _____ Date of Birth: _____

33. Spouse's Occupation: _____

34. Spouse's Employer: _____ Telephone: _____

35. _____

Address City County State Zip Code

FAMILY HISTORY

36. Give the names of every member of your immediate family. Include father, mother, sisters, brothers, father-in-law, mother-in-law, spouse and children.

Name Relation Address Phone Occupation

RESIDENCES

37. List all of your residences for the last ten (10) years. Start with your present residence at the top.

From (MO/YR) _____ To (MO/YR) _____ Address _____ City _____ State _____ Zip Code _____

PERSONAL REFERENCE

Provide information for references from individuals who are not relatives or present employers.

38. Name: _____

Residence Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

39. Name: _____

Residence Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

MILITARY SERVICE

40. Have you ever served active duty in any branch of the Armed Service? Yes [] No []

If yes, what branch/ _____

Service Number: _____ Highest Rank Held: _____

Date Entered: _____ Date Discharged: _____

Type of Discharge: _____ Discharge Recorded: _____

41. Have you ever been court-martialed, tried on charges, or the subject of an Article 15, company punishment or disciplinary action while a member of the Armed Forces? If yes, give details.

FINGERPRINT AND PHOTOGRAPH AGREEMENT

The undersigned applicant understands and agrees to submit voluntarily to be fingerprinted and photographed by the identification bureau of Fulton County, for the purpose of running a criminal history or background check or any other lawful purpose and to pay such cost as is necessary to accomplish the same.

Signature

Date

AFFIDAVIT

I, _____ Do hereby certify that all information given in this application is to the best of my knowledge, true and complete. I understand that any false statements will be grounds for disqualification and/or revocation of my authority to act as a professional bondsperson. I understand that the identification card is to be used only for the purpose for which it was requested and issued; and that the identification card must be returned upon request or when my duties no longer require its use.

Signature _____ Date _____

Address City State Zip Code

STATE FO GEORGIA
COUNTY OF FULTON

Before me personally appeared the said
who says that he/she executed the above instrument of his/her own free will and accord, with full
knowledge of the purpose thereof.

SWORN TO AND SUBSCRIBED IN MY PRESENCE

THIS _____ DAY OF _____, _____.

NOTARY PUBLIC

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

TO; _____ **RE:** _____

I respectfully request and authorize you to furnish the Fulton County Sheriff's Office any and all information that you may have concerning me, my employment record, my financial and credit status, and Photostats of same, if requested. This information is to be used to assist the Office in determining my qualifications, and fitness to act as a Professional Bondsperson in Fulton County.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

APPLICANT'S SIGNATURE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

WITNESS _____ DATE _____

AFFIDAVIT OF APPLICANT

I, _____ do hereby certify that I have read and understand all questions and instructions on this application form, and that my answers are true and complete.

I understand that any misstatements of material facts will result in disqualification of my application or revocation of my Certificate of Authority to act as a Professional Bondsperson.

Applicant's Signature Date

SWORN TO AND SUBSCRIBED IN MY PRESENCE

**STATE OF GEORGIA
COUNT OF FULTON**

Before me personally appeared the said
who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

This _____ day of _____, _____.

Notary Public