

COLLIN COUNTY BAIL BOND BOARD APPLICATION FOR BAIL BOND I.D. CARD

Application Date: _____ Bail Bond Company Name: _____

Licensee/Agent: _____ Bail Bond License Number: _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY APPLICANT:

Name: _____

AKAs (Including Nicknames): _____ Date of Birth: _____

Home Address _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

Social Security No. _____ Place of Birth: _____

DL or ID No.: _____ State: _____ Expires: _____ Type/Class: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____ Sex: _____

Have you ever been convicted of a felony or a misdemeanor that involved moral turpitude in Texas or any state of the United States within the preceding 10 years?

Yes: _____ No: _____ If "Yes" explain, giving case number(s): _____

Where: _____ When: _____ Disposition: _____

Have you ever been employed by any other bonding companies anywhere, anytime? Yes: _____ No: _____ If "Yes" with whom?: _____

Reason(s) for termination: _____

For the purpose of receiving a bail bond runner ID card, I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete, full and correct to the best of my knowledge and belief and are made in good faith.

I do hereby request and authorize the Board, any person, each former employee or firm or corporation referred to in this application, to give any information or answer all questions asked concerning my ability, work or moral character in connection with this application, freely waving my rights to privacy in regard thereto.

Further, I hereby agree and consent that in the event this application is found to contain any false statement, omission of material information, or misrepresentation of any kind, this application may be disapproved and disallowed without the show of cause.

Signature of Applicant

Date Signed

Signature of Licensee/Agent

Date Signed

Before me the undersigned authority, personally appeared _____, known to me by (TX
(Name of Owner/Agent)

DL) _____. Sworn to, affirmed and Subscribed to before me on the _____ day of _____, 20_____.

The affiant is duly qualified and authorized to make this affidavit and fully cognizant of the matters herein set out.

Notary Public, State of Texas

My Commission Expires: _____

All blanks must be completed and application must be notarized.

DO NOT WRITE BELOW THIS LINE, FOR OFFICE STAFF ONLY

RECORDS CHECKED:

LOCAL:

Yes: _____ No: _____ Date: _____ By: _____

DL:

Yes: _____ No: _____ Date: _____ By: _____

QH:

Yes: _____ No: _____ Date: _____ By: _____

WANTS:

Yes: _____ No: _____ Date: _____ By: _____

COMMENTS:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.