



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218  
Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**Bail Bondsman – RENEWAL LICENSE APPLICATION – FEE \$900.00 (plus category fee)**

**IMPORTANT INFORMATION**

- A [Fingerprint Application](#), Fingerprint Card and \$50.00 non-refundable fee are required for licensure. The fingerprint package must be submitted within 90 days of submitting the License Application. Please note, a criminal history records check may take up to 45 days to process.
- If you are going to carry or have access to a firearm you must also maintain a Firearms Endorsement and complete all required firearms training. For additional information and forms, please access the [Firearms Endorsement link](#) on the [Virginia Department of Criminal Justice Services \(DCJS\)](#) website.
- In-Service training must be completed within the 12 months *prior* to your application for licensure. For additional information, please access the DCJS website at [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss).

**Bail Bondsman Category and Fee**

<input type="checkbox"/> Property Bail Bondsman \$250.00	<input type="checkbox"/> Agent Bail Bondsman \$100.00	<input type="checkbox"/> Surety Bail Bondsman \$100.00
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**Applicant Information**

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Email Address:			
Home Phone: ( )	Business Phone: ( )	Fax: ( )	

**Employment Information**

**NOTE:** The business name and physical address provided will be posted on the [DCJS Bail Bondsmen Directory](#) webpage according to [Virginia Code § 9.1-185.17](#).

\*If this is also your home residence and you do not wish to have this information posted, please check here:

Business Name:	FEIN:
DBA/Trade As Name:	
Attach a copy of the certificate filed with the circuit court pursuant to Va. Code § 59.1-69 through § 59.1-76.	
Business Physical Address:* <input type="checkbox"/> Check if New Address	City, State, Zip:
Email Address:	
Business Phone: ( )	Fax: ( )

**COMPLETE THE APPROPRIATE SECTION BASED ON THE CATEGORY OF LICENSE YOU ARE APPLYING FOR***(This page may be photocopied if additional space is needed.)***SURETY BAIL BONDSMAN**You must attach **both** of the following:

- a) Proof of being licensed as a Property & Casualty Agent in the form of a certification issued by the Virginia State Corporation Commission, Bureau of Insurance.
- b) Copies of each Qualifying Power of Attorney that will be used to provide surety if available. Each must contain the name and contact information for **both** the surety agent and the registered agent. If unable to submit a power of attorney at this time check here.  **You must file the qualifying power of attorney within 30 days of receipt of your temporary letter of licensure. Any new Power of Attorney must be filed with DCJS within 30 days of execution.**

**PROPERTY BAIL BONDSMAN**Type of Collateral:  Real Estate  Other  Power of Attorney (for each agent)

Total Collateral: \$

Total Liens/Obligations: \$

Total Equity Pledged: \$

Transfer total amounts from the [Property Collateral Verification Form](#)**Please list all Agent Bail Bondsmen in your employment:** *(you may attach additional sheets if necessary)*

Full Legal Name of Agent:

DCJS # 99-

Is the Power of Attorney for this agent attached?

 Yes  No (Application will be returned without processing)

Any subsequent Power of Attorney must be filed with DCJS within 30 days of execution.

Full Legal Name of Agent:

DCJS # 99-

Is the Power of Attorney for this agent attached?

 Yes  No (Application will be returned without processing)

Any subsequent Power of Attorney must be filed with DCJS within 30 days of execution.

Full Legal Name of Agent:

DCJS # 99-

Is the Power of Attorney for this agent attached?

 Yes  No (Application will be returned without processing)

Any subsequent Power of Attorney must be filed with DCJS within 30 days of execution.

Full Legal Name of Agent:

DCJS # 99-

Is the Power of Attorney for this agent attached?

 Yes  No (Application will be returned without processing)

Any subsequent Power of Attorney must be filed with DCJS within 30 days of execution.

**AGENT BAIL BONDSMAN**

Full Legal Name of Employing Property Bail Bondsmen:

Employer DCJS #: 99-

Employer Signature:

A Power of Attorney must be submitted for each Agent. Is it attached to this form?

 Yes  No (Application will be returned without processing)

Any subsequent Power of Attorney must be filed with DCJS within 30 days of execution.

**Affirmation**

- \_\_\_\_\_ (initial) I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information.
- \_\_\_\_\_ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial of my application.
- \_\_\_\_\_ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may be forwarded to the Commonwealth's Attorney Office for criminal prosecution.
- \_\_\_\_\_ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may result in criminal charges, including but not limited to feloniously forging and uttering a public document in violation of Va. Code § 18.2-168.
- \_\_\_\_\_ (initial) I understand that I am responsible for maintaining full compliance with the *Virginia Code* and applicable regulations relating to Surety and Property Bail Bondsmen and Bail Enforcement Agents.
- \_\_\_\_\_ (initial) I hereby give consent and authorize the Virginia State Police and the Federal Bureau of Investigations to process my fingerprints for a criminal history records check and report the results of such record to the Virginia Department of Criminal Justice Services (DCJS). I authorize the Virginia State Police to archive my fingerprints for the purpose of reporting any future criminal history information. I fully understand that if I am arrested this information may be reported to DCJS.

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

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy

**APPLICATION MUST BE NOTARIZED**

**STATE OF VIRGINIA**  
**CITY/COUNTY OF \_\_\_\_\_, to wit:**

The foregoing application was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

**My commission expires:** \_\_\_\_\_  
**Notary Registration Number:** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

***All fees are non-refundable. Applications received without payment will be returned.***

Submit a check or money order payable to the TREASURER OF VIRGINIA,  
or pay by credit card using the [Credit Card form](#) available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf)  
— this form must be included with your application package when paying by credit card.