



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

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

**Property Bail Bondsman – CERTIFICATION OF NO OUTSTANDING BONDS** (to be used when all outstanding bonds have been released)

This form must be completed and filed with DCJS in order for Property Bail Bondsman to receive a Certificate of Satisfaction for liens placed on real property. By signing this affidavit the bail bondsman and all of his agents are willfully declaring that all outstanding property bonds have been released.

This form must include the signatures verified by a licensed notary public and must be in PDF or Word Format. **Faxed affidavits will NOT be accepted.**

**Property Bail Bondsman:** \_\_\_\_\_  
Last First MI

**DCJS ID Number: 99-**\_\_\_\_\_

**Affirmation:** I, \_\_\_\_\_ being a duly licensed Property Bail Bondsman as defined in Code § 9.1-185.5 do hereby certify to DCJS that there are no outstanding bonds throughout the Commonwealth on which I and all my Agent Bail Bondsmen are obligated to as of the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**List all the Agent Bail Bondsmen that are included in this report:** \_\_\_\_\_ **DCJS ID Number: 99-**\_\_\_\_\_  
(you may attach additional sheets if necessary)

\_\_\_\_\_ **DCJS ID Number: 99-**\_\_\_\_\_

\_\_\_\_\_ (initial) I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge.

\_\_\_\_\_ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may be cause for disciplinary action.

\_\_\_\_\_ (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.

\_\_\_\_\_ (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 understand that I, my heirs, successors, assigns, executors, administrators, and personal representatives are liable for any bond forfeitures that may arise once this document has been signed and a certificate of satisfaction issued.

Signature of Property Bondsman: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy

**SIGNATURES:**

COMMONWEALTH OF VIRGINIA,  
DEPARTMENT OF CRIMINAL JUSTICE SERVICES

Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Title: \_\_\_\_\_

STATE OF VIRGINIA

CITY/COUNTY OF \_\_\_\_\_, to wit:

The foregoing affidavit of No Outstanding Property Bonds was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_ as \_\_\_\_\_ on behalf of the Commonwealth of Virginia,  
Department of Criminal Justice Services.

My commission expires: \_\_\_\_\_

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