



**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](http://www.dcjs.virginia.gov)

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

**IMPORTANT INFORMATION**

- Submit a Criminal History Processing Form with the \$25.00 processing fee and schedule an appointment to have your fingerprints scanned. To schedule an appointment follow the instructions on the Criminal History Processing Form.
- 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.
- Entry-level 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](http://www.dcjs.virginia.gov).

**Type of Application (Select One)**

Initial Application

Renewal Application

**Bail Bondsman Category and Fee**

Property Bail Bondsman  
\$250.00

Agent Bail Bondsman  
\$100.00

Surety Bail Bondsman  
\$100.00

**Applicant Information**

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Personal 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.

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

**Eligibility Determination – Please answer each question**

1. Do you have a high school diploma or GED?	<input type="checkbox"/> YES Date received: _____ <input type="checkbox"/> NO <b>If NO, you are not eligible.</b>
2. Are you an employee of a local or regional jail; sheriff's office; state or local police department; or an employee of a Commonwealth's Attorney's Office, Department of Corrections, Department of Criminal Justice Services (DCJS), or a local community corrections agency?	<input type="checkbox"/> YES <b>If YES, you are not eligible.</b> <input type="checkbox"/> NO

**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:** *(Attach additional sheets if necessary)*

Full Legal Name of Agent	DCJS Number	Is the Power of Attorney attached?
	99-	<input type="checkbox"/> Yes <input type="checkbox"/> No (Application will be returned without processing)
	99-	<input type="checkbox"/> Yes <input type="checkbox"/> No (Application will be returned without processing)
	99-	<input type="checkbox"/> Yes <input type="checkbox"/> No (Application will be returned without processing)
	99-	<input type="checkbox"/> Yes <input type="checkbox"/> No (Application will be returned without processing)

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

**AGENT BAIL BONDSMAN**

Full Legal Name of Sponsoring Property Bondsman

DCJS Number

Is the Power of Attorney attached?

	99-	<input type="checkbox"/> Yes <input type="checkbox"/> No (Application will be returned without processing)
--	-----	---

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

**Affirmation**

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. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with the *Code of Virginia* and the Regulations relating to Bail Bondsmen and Bail Enforcement Agents.

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

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

**All fees are non-refundable. Forms 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 Authorization form available on our website. This form must be included with your form package when paying by credit card.

**We do not accept cash.**