

Bail Enforcement Agent – LICENSING APPLICATION – 2 YR LICENSE FEE \$200.00

| | 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 | | | | | | | | | |
| all requ | 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. | | | | | | | | | |
| For Renewals Only If the current license is expired, you have 60 days from the date expiration to submit a non-refundable reinstatement fee of \$100.00 and meet all of the renewal requirements. If the 60 day reinstatement period has passed, AND you are no longer eligible for renewal and you <u>must</u> complete the initial registration process. You cannot work during a reinstatement period. | | | | | | | | | | |
| Type of Ap | plication (Se | lect one) | | | | | | | | |
| | 🗌 In | itial Applica | tion | | | 🗌 Rene | ewal Application | | | |
| Applicant I | nformation | | | | | | | | | |
| SSN or DCJ | S ID Number: | Last Name | : | | First N | lame: | | MI: | | |
| Business Na | me: | | | | | | | | | |
| Trading As: | | | | | | | | | | |
| Mailing Address (Street/Apt.#): | | | | | City, State, Zip: | | | | | |
| Physical Address (<i>if different than Mailing Address</i>):* | | | | | City, State, Zip: | | | | | |
| Email Addres | SS: | | | | | | | | | |
| Home Phone: () | | | Business Phone: () | | Fax: () | | | | | |
| NOTE : The business name and physical address provided will be posted on the DCJS Bail Bondsmen Directory webpage according to <i>Virginia Code</i> § 9.1-185.17. | | | | | | | | | | |
| Eligibility [| Determination | n – Please | answer each question | - | | | | | | |
| 1. Do you have a high school diploma or GED? | | | | | YES Date received: | | | | | |
| | | | | | NO II | f NO, you are | e not eligible. | | | |
| 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? | | | | | YES I NO | l f YES , you a | re not eligible . | | | |
| 3. Have you submitted fingerprints to DCJS for a Criminal History Check for the purpose of obtaining a bail enforcement agent license within the previous 90 days of this application? | | | | | YES NO If NO, you are required to submit a Fingerprint Application Form, a fingerprint card and \$50.00 processing fee for a national and state criminal history check. Please be aware that you may not be eligible for licensure if you have previous convictions. | | | | | |

| 4. Have you satisfactorily completed all required mandated entry-level training? | YES NO If NO, a license cannot be issued until training has been completed. | | | | | | |
|--|--|--|--|--|--|--|--|
| 5. Have you had your photo taken by a certified training school or with DCJS? | YES Date completed: Training School: NO If NO, you MUST schedule an appointment to have your photo taken at an approved photo site in order for your license to be issued upon final approval. For a list of available photo sites, please view our website www.dcjs.virginia.gov. | | | | | | |
| 6. Are you going to carry or have access to a firearm while on duty? | YES If YES, you MUST also submit an application and fee for a Firearms Endorsement and complete all required firearms training. NO | | | | | | |
| 7. Have you, your employees, or your firm committed any act or omission which resulted in a license or legal credential being suspended, revoked, non-renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body? | YES If YES, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number, and the name of the business/ individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed. NO | | | | | | |
| Affirmation | | | | | | | |
| L the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge | | | | | | | |

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 Enforcement Agents.

| Signature Required: | Date | e: |
|---------------------|------|----------|
| | | 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.**