



**PROFESSIONAL BONDSMAN LICENSE
INDIVIDUAL APPLICATION**

**RETURN COMPLETED APPLICATION TO:
PA INSURANCE DEPARTMENT
BUREAU OF LICENSING AND ENFORCEMENT
1209 STRAWBERRY SQUARE
HARRISBURG PA 17120**

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

FULL LEGAL NAME _____
LAST NAME FIRST NAME MIDDLE INITIAL (JR, SR, III)

(NOTE: THE FULL FIRST LEGAL NAME MUST BE USED - NO NICKNAMES)

RESIDENCE ADDRESS

Check here if mailing address
STREET _____
CITY STATE ZIP CODE HOME TELEPHONE NUMBER () -

BUSINESS ADDRESS

Check here if mailing address
STREET _____
CITY STATE ZIP CODE BUSINESS TELEPHONE NUMBER () -

EMAIL ADDRESS

**ALL ADDRESSES MUST BE PROVIDED AND P.O. BOXES ONLY ARE NOT ACCEPTABLE FOR RESIDENCE & BUSINESS ADDRESSES.*

REQUIREMENTS

PROVIDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- 1.) A CREDIT REPORT DATED WITHIN 30 DAYS OF APPLICATION.
- 2.) A LETTER FROM THE DISTRICT ATTORNEY'S OFFICE FOR THE COUNTY OR COUNTIES IN WHICH YOU ARE APPLYING SHOWING NO OUTSTANDING FORFEITURES AND/OR JUDGEMENTS.
- 3.) A NOTARIZED STATEMENT COMPLYING WITH ITEMS 1 THRU 4 ON THE ATTACHED OFFICE PROCEDURE SHEET.
- 4.) A PENNSYLVANIA STATE POLICE CRIMINAL RECORD REPORT DATED WITHIN 30 DAYS OF APPLICATION.
- 5.) A \$100 APPLICATION FEE, CHECK OR MONEY ORDER, PAYABLE TO THE COMMONWEALTH OF PA.

NOTE: ALL PROFESSIONAL BONDSMAN LICENSES WILL EXPIRE ANNUALLY ON THE ANNIVERSARY MONTH OF ORIGINAL ISSUE.

COUNTY INFORMATION

YOU ARE REQUIRED TO MAINTAIN AN OFFICE IN EACH COUNTY IN WHICH YOU INTEND TO DO BUSINESS. PROVIDE THE FOLLOWING INFORMATION FOR THE OFFICE LOCATION YOU WILL ESTABLISH IN REFERENCED COUNTY. IF YOU MAINTAIN AN OFFICE IN MORE THAN TWO COUNTIES, PLEASE PROVIDE THE INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS INITIAL LICENSING APPLICATION.

COUNTY: _____

STREET ADDRESS REQUIRED – NO P.O. BOX ONLY

CITY STATE ZIP CODE

COUNTY: _____

STREET ADDRESS REQUIRED – NO P.O. BOX ONLY

CITY STATE ZIP CODE

PART IV BACKGROUND INFORMATION

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (If yes, provide certified court records as to the type of charge (i.e. felony), basis of charge and outcome or sentence.) ___ Yes ___ No

2. Have you ever been subject to an administrative action, penalized or fined, had an insurance license or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? (If yes, provide a full explanation on a separate sheet of paper.) ___ Yes ___ No

3. Have you ever failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? ___ Yes ___ No

If you answer yes, identify the jurisdiction(s): _____

4. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ___ Yes ___ No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ___ Yes ___ No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

6. Have you ever failed to comply with an administrative or court order imposing a child support obligation? ___ Yes ___ No

PART VI APPLICANT'S CERTIFICATION

I DO HEREBY CERTIFY UNDER **PENALTY OF PERJURY** THAT THE FOREGOING STATEMENTS AND INFORMATION ARE TRUE AND CORRECT AND THAT ANY LICENSE ISSUED IN CONSEQUENCE HEREOF SHALL BE CONTINGENT UPON THE TRUTH OF THESE STATEMENTS.

FURTHERMORE, I CONFIRM THAT I UNDERSTAND FULLY THE INSURANCE LAWS AND REGULATIONS OF PENNSYLVANIA REGARDING PROFESSIONAL BONDSMAN ACTIVITIES.

NOTE: FALSE STATEMENTS MAY RESULT IN CRIMINAL PENALTIES, APPLICATION DENIAL, ADMINISTRATIVE ENFORCEMENT ACTION OR ALL OF THE AFOREMENTIONED. INFORMATION PROVIDED BY THE APPLICANT IN COMPLETING THIS FORM MAY BE SUBJECT TO PUBLIC DISCLOSURE UNDER PA LAW.

Applicant Name (Printed or Typed) _____

Applicant Signature _____

Date _____