



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**  
**Private Security Services Section**

P.O. Box 1300  
 Richmond, VA 23218

[www.dcls.virginia.gov/pss](http://www.dcls.virginia.gov/pss)  
 (804) 786-4700

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

**Initial Bail Bondsman License Application – 2 Year License Fee - \$900.00**

**IMPORTANT INFORMATION:**

- A Fingerprint Application, Fingerprint Card and \$50.00 non refundable fee are required for licensure pursuant to § 9.1-185.5 of the Code of Virginia. Please ensure that a fingerprint package is 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 agency website.
- Entry-level training must be completed within the 12 months prior to your application for licensure. For additional information, please access the agency website.

**Bail Bondsmen Category**

<input type="checkbox"/> Property Bail Bondsmen	<input type="checkbox"/> Agent Bail Bondsmen (property)	<input type="checkbox"/> Surety Bail Bondsmen
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**Applicant Information**

DCJS ID # 99-	Last Name:	First Name:	MI:
Mailing Address:		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 [www.dcls.virginia.gov/pss](http://www.dcls.virginia.gov/pss) pursuant 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:	
DBA/Trade As Name:	
Business Physical Address:	City, State, Zip:
Email Address:	
Business Phone: (    )	Fax: (    )

**Please 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 VA State Corporation Commission, Bureau of Insurance.  
 b) Copies of each Qualifying Power of Attorney that will be used to provide surety. Each must contain the name and contact information for **both** the surety agent and the registered agent. If unable to obtain a power of attorney check here.  **You must file the qualifying power of attorney within 30 days of receipt of your temporary letter of licensure.**

Insurance Company Name:	Registered Agent:
Insurance Company Name:	Registered Agent:

**Agent Bail Bondsman**

Full Legal Name of Employing Property Bail Bondsmen:	Employer DCJS #: 99-
Employer Signature:	Is a Power of Attorney on file with DCJS? <input type="checkbox"/> Yes <input type="checkbox"/> No* (*If "No" please attach.)

**Property Bail Bondsman**

*(Please provide proof of collateral of \$200,000 on your bonds and proof of \$200,000 collateral on the bonds of each agent)*

Select the type of collateral being utilized for bonding, complete and attach the **Property Collateral Verification Form (PSS\_CVF)**

<input type="checkbox"/> Cash	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Other
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**Transfer total amounts from the Property Collateral Verification Form (PSS\_CVF)**

Total Collateral: \$	Total Liens/Obligations: \$	Total Equity Pledged: \$
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**Please list all agent bail bondsmen in your employment:** *(you may attach additional sheets if necessary)*

Full Legal Name of Agent:	DCJS # - 99-
Full Legal Name of Agent:	DCJS # - 99-

**Affirmation**

I, the undersigned, certify that all information contained on this application and attachments is true, correct, and complete to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent or material information may be cause for denial or revocation and may result in civil or criminal penalties. I understand that I am responsible for maintaining full compliance with Virginia Code Sections §9.1-185 et al. and the Regulations Relating to Property & Surety Bail Bondsman – 6 VAC 20-250.

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

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

*Please ensure you have enclosed the licensure application fee and all required documentation.  
 All fees are non-refundable. The check or money order should be made payable to: Treasurer, Commonwealth of Virginia.*