VOLUSIA SHERIFF'S OFFICE
MICHAEL J. CHITWOOD, SHERIFF
REGISTRATION AS A BAIL BOND AGENT

For the Period: April 1, _____ through March 31, _____

Florida Statute §648.42 requires bail bond agents to both register and file a certified copy of his or her appointment by power of attorney with the Sheriff and the Clerk of the Circuit Court by April 1 of each odd-numbered year in the county in which the agent resides.

To register with the Sheriff you must provide **copies** of the following **after** filing with the Clerk of the Circuit Court:

1. A completed Volusia Sheriff's Office Registration application for each surety company including a notarized signature.
2. A copy of your renewed qualifying Power of Attorney.
3. A copy of your Florida Department of Financial Services License Photo ID.
4. A copy of your Certificate of Appointment by your insurance company.

Deliver the above in person, by e-mail, or by US mail:

- In person:
  Volusia County Sheriff's Office
  Records Section
  4th Floor of the Thomas C. Kelly Administration Center
  123 W. Indiana Ave., DeLand

- E-mail:
  centralrecords@vcso.us

- Mail:
  Volusia County Sheriff's Office
  Records Section
  Volusia County Sheriff's Office
  P.O. Box 569
  DeLand, FL 32721

VOLUSIA SHERIFF'S OFFICE
MICHAEL J. CHITWOOD, SHERIFF
REGISTRATION AS A BAIL BOND AGENT

Name: _____
(Last) (First) (Middle)

Name of Business: _____ **Phone #** _____

Address: _____
(Street) (City) (County) (State/Zip Code)

Mailing Address: _____
(Street/P.O. Box) (City) (County) (State/Zip Code)

E-mail Address: _____

Home Address: _____
(Street) (City) (County) (State/Zip Code)

Home Phone: _____ **Date of Birth:** _____

Surety Company Name: _____

Managing General Agent: _____

Phone: _____

Address: _____
(Street) (City) (County) (State/Zip Code)

Qualifying Power of Attorney:

Number: _____ **Amount:** _____ **Date Issued:** _____

State of Florida Insurance License Number: _____

SIGNATURE AS IT WILL APPEAR ON BONDS / POWERS: _____

AFFIX SURETY COMPANY SEAL

Registration As A Bail
Bond Agent

I will comply with Chapter 648 and 903 of the Florida Statutes, as amended, Florida Department of Financial Services and all other laws and legal regulations now existing or which may be promulgated in the future applicable to the licensing of bail bond agents or the conduct of the surety bond business.

I certify that my license to act as a bail bond agent is not under suspension or revocation statewide or in any County of the State of Florida. I will report in writing the suspension or revocation of my license statewide or in any County of the State of Florida to the Hillsborough County Sheriff's Office, Attention: Financial Services Division within seventy-two hours of the change becoming effective.

_____	_____	_____
Approval Date	***Signature of Bail Bond Agent***	***Date***

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by _____ who is (personally known to me) or (who has produced) _____ (type of identification) and who (did/did not) take an oath.

_____	_____
Notary Public Signature	***Date***
_____	_____
Type or Print Name	***Commission Expiration Date***
_____	_____
Street Address	***Area Code-Phone Number***
_____	
City/State/Zip Code	

VCSO FORM # 090919.001