

Fulton County Sheriff's Office

Bonding Administration



BAIL RECOVERY AGENT APPLICATION

Fulton County Sheriff's Office

BAIL RECOVERY AGENT RULES AND REGULATIONS

Pursuant to the laws of the of the State of Georgia, the Sheriff of Fulton County sets forth the following rules, regulations and guidelines pertaining to the qualifications, registration and performance of any individual acting as a "bail recovery agent" within Fulton County Georgia.

1. Any bonding company or surety located within Fulton County wishing to hire an individual as a "Bail Recovery Agent" must:
 - A. Submit in writing to the Fulton County Sheriff's Office a separate application to register each individual as a Bail Recovery Agent.
 - B. Upon approval by the Sheriff of Fulton County, the individual will be provided with an identification card.
2. Individuals desirous of qualifying with the Fulton County Sheriff's Office as a "Bail Recovery Agent" must:
 - A. Provide written documented proof that he/she is a United States citizen.
 - B. Provide written documented proof that he/she is twenty five years of age or older.
 - C. Provide a photocopy of a current gun license as issued under O.C.G.A. 16-11-129.
 - D. Complete a "background investigation booklet" provided by the Fulton County Sheriff's Office.
 - E. Grant in writing, authority to the Fulton County Sheriff's Office to conduct inquiries into the applicant's criminal history, driver's history and military history.
 - F. Submit to being fingerprinted by Fulton County Sheriff's Office.
 - G. Must be approved each calendar year, no later than January 2nd.
3. No person shall be permitted to act as a "Bail Recovery Agent" for any Professional Bonding Company in Fulton County, until that person shall have first obtained an approval from the Sheriff of Fulton County.
4. Both the approved "Bail Recovery Agent" and the bonding company/surety must adhere to all aspects of the applicable laws. Failure to do so will result in prosecution for said violations and revocation of current status as approved by the Sheriff of Fulton County. Additionally, the Fulton County Sheriff's Office will annually conduct a review of each bail recovery agent's criminal history, and conduct and make a decision as to each agent being approved to work in Fulton County. The bail recovery agent and employing company will be notified in writing if he/she becomes disqualified.

QUALIFICATION/REQUIREMENTS

QUALIFICATIONS:

Qualifications of a Bail Recovery Agent shall be determined by, but not limited to, the following criteria:

Must be twenty five (25) years of age or older must be a U.S. citizen; must possess a valid gun license under O.C.G.A. 16-11-129; must be a person of good moral character and who has not been convicted of a felony or any crime involving moral turpitude; to this end, no person shall be permitted to act as a Bail Recovery Agent until that person shall have first obtained an approval from the Sheriff of this County.

REQUIREMENTS:

For approval to act as a **Professional Bail Recovery Agent** in Fulton County, Applicant must submit an application complete in detail (addresses, phone numbers, zip codes, etc.), and all of the below listed items one (1) through eight (8) must accompany the completed application.

5. Birth Certification []
6. DD 214 []
7. Valid Georgia Driver's License []
8. High School Diploma or G.E.D. []
5. Social Security Card []
6. Gun License []
7. Current photograph []
8. Employer's Request for Approval of Individual to Act as a Bail Recovery Agent []

Application Fee:

All applications submitted by Professional Bonding Companies in Fulton County, must be accompanied by a non-refundable filing fee of \$100.00.

Individual applicant applications for a Bail Recovery Agent must be accompanied by a non-refundable registration fee of \$100.00.

These funds (\$100.00) must be made **PAYABLE TO: FULTON COUNTY SHERIFF'S Office.** (Include the Company's name/applicant's name/ purpose of check - on the bottom of the check).

A non-refundable fee of **\$45.00** for fingerprinting must accompany all applications. ONLY POSTAL MONEY ORDERS OR CASHIER CHECKS will be accepted.

**EMPLOYER'S REQUEST FOR APPROVAL OF EMPLOYEE TO ACT AS
A BAIL RECOVERY AGENT**

I hereby request that _____ be approved to act as a **Bail Recovery Agent** for

I understand and agree that the Fulton County Sheriff's Office does not assume Civil or Criminal liability for any action of the above named individual. The agency I represent will accept full Civil and Criminal liability and/ or responsibility for any action of the above named individual. I will be responsible for returning the identification card upon request and/or separation of above of the above named individual from this agency.

Agency:

Address: _____

City: _____ State: _____ Zip Code:

Telephone:

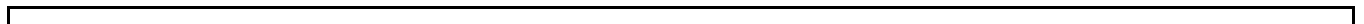
Authorized Signature of Owner/Manager:

Date:

Sworn to and subscribed before me

this _____ day of _____, _____

Notary Public



PERSONAL

1. Last Name: _____ First: _____ Middle: _____ Maiden:

Address:

City: _____ County: _____ State: _____ Zip Code:

Res. Phone: _____ Other:

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes:

Date of Birth: _____ Place of Birth:

Are you a U.S. Citizen? Yes [] No [] Social Security #:

GA Driver's License No.: _____ Gun License No.

Occupation:

List all names used by you:

EMPLOYMENT

Last Employment

2. Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

Position:

Name and Title of Supervisor:

Present Employment

3. Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

Position:

Name and Title of Supervisor:

Additional Employment

4. Name of Bonding Co. you will be employed by:

Position:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.:

Name and Title of Supervisor:

ARREST RECORD

5. Have you ever been arrested or detained by the police? Yes [] No [] If yes give details:

Crime Charged: _____ Date: _____ Police Agency:
Disposition of Case:

Crime Charged: _____ Date: _____ Police Agency:
Disposition of Case:

Crime Charged: _____ Date: _____ Police Agency:
Disposition of Case:

Crime Charged: _____ Date: _____ Police Agency:
Disposition of Case:

6. Have you ever been convicted of a felony? Yes [] No []. If yes give details:

7. Have you ever been placed on probation? Yes [] No []. If yes give details:

8. Are you a Certified Peace Officer? Yes [] No []. If yes give State and Certification No.

9. Are any members of your family or relatives, (by blood or marriage) employed by the Fulton County Government? Yes [] No [] If yes, give name(s), relationship and where employed.

10. Have you ever owned a Bail Recovery Agency or Bonding Co.? Yes [] No []
If yes, answer the following questions:

a. Where?

b. Have you completed your obligations to that jurisdiction? _____

c. How long have you been in the Bail Recovery or Bonding business?

11. Have any Sheriff ever refused to approve you as a professional bail Recovery Agent? Yes []
No. [], If yes, why?

12. Have you ever worked for a Professional Bail Bonding Company or Bail Recovery Agency?
Yes [] No [] If yes, List all of the companies you have worked for in the last fifteen (15)
years starting with your present company, include part- time employment. If you need more
space, you may attach additional sheets.

13. Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

Position: _____ From (MO/YR) _____ TO (MO/YR)

Name/Title of Supervisor:

Reason for Leaving:

Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

Position: _____ From (MO/YR) _____ TO (MO/YR)

Name/Title of Supervisor:

Reason for Leaving:

Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

Position: _____ From (MO/YR) _____ TO (MO/YR)

Name/Title of Supervisor:

Reason for Leaving:

14. Do you currently have any type of interest in a Bail Recovery Agency or Bail Bonding Company?
If so, give full details of your interest.

MARITAL STATUS

SINGLE [] MARRIED [] SEPARATED [] DIVORCED [] WIDOWED []

If married or separated, provide following information on spouse:

15. First Name: _____ Middle Name: _____
Maiden Name: _____ Current Last Name: _____
Date of Birth: _____ Telephone No.: _____

16. If residence is different from yours:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

17. Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

Position: _____ From (MO/YR) _____ TO (MO/YR)

Name/Title of Supervisor:

FAMILY HISTORY

18. Give the name of every member of your immediate family. Include father, mother, sisters, brothers, father-in-law, mother-in-law, spouse, and children.

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
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Name: _____ Relationship: _____
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Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone: _____ Occupation: _____

RESIDENCES

19. List all of your residences for the last ten (10) years. Start with your present residence first.

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

From(MO/YR) _____ To (MO/YR) _____
Address: _____
City: _____ State: _____ Zip Code: _____

PERSONAL REFERENCES

20. Name:

Address:

City: _____ State: _____ Zip Code:

Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

Name:

Address:

City: _____ State: _____ Zip Code:

Full Time Employer or Business:

Address:

City: _____ State: _____ Zip Code: _____ Tel. No.

GOVERNMENT RELATIONSHIPS

21. Are members of your family or relatives, (blood or marriages) employed by the Fulton County Government? Yes [] No []

If yes, give name, relationship and where employed:

MILITARY SERVICE

22. Have you ever served active duty in any branch of the Armed Forces? Yes [] No []
If yes, what branch?

Service Number: _____ Highest Rank Held:
Date Entered: _____ Date Discharged:
Type of Discharge: _____ Discharged Recorded:

23. Have you ever been court-martialed, tried on charges, or the subject of an Article 15, company punishment or other disciplinary action while a member of the Armed Forces? If yes, give details:

FINGERPRINT AND PHOTOGRAPH AGREEMENT

The undersigned applicant understands and agrees to submit voluntarily to be fingerprinted and photographed by

the identification bureau of Fulton County, for the purpose of running a criminal history or background check or

for any other lawful purpose and to pay such cost as is necessary to accomplish the same.

Signature

Date



A F F I D A V I T

I, _____ do hereby certify that all information given in this application is to the best of my knowledge, true and complete. I understand that any false statements will be grounds for disqualification and/or revocation of my authority to act as a Bail Recovery Agent. I understand that the identification card is to be used only for the purpose for which it was requested and issued; and that the identification card must be returned upon request or when my duties no longer require its use.

Signature Date

Address City State Zip Code

STATE OF GEORGIA
COUNTY OF FULTON

Before me personally appeared the said _____
who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

SWORN TO AND SUBSCRIBED IN MY PRESENCE

THIS _____ DAY OF

NOTARY PUBLIC

AFFIDAVIT OF APPLICANT

I, _____ do hereby certify that I have read and understand all questions and instructions on this application form, and that my answers are true and complete.

I understand that any misstatements of material facts will result in disqualification of my application or revocation of my Certificate of Authority to act as a Bail Recovery Agent.

Applicant's Signature

Date

STATE OF GEORGIA
COUNTY OF FULTON

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

SWORN TO AND SUBSCRIBED IN MY PRESENCE

This _____ Day of _____,

Notary Public

Fulton County Sheriff's Office

Patrick "Pat" Labat, Sheriff

CONSENT FORM

I hereby authorize **Fulton County Bonding Administration** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

_____ Last Name	_____ First Name	_____ Middle	_____ <i>(Maiden Name - If Applicable)</i>	
_____ Address	_____ City	_____ State	_____ Zip	_____ Telephone/Contact No.
_____ Sex	_____ Race	_____ Hgt.	_____ Wgt.	_____ Date of Birth
_____ Drivers License#	_____ State	_____ Expires	_____ Social Security Number	
_____ Signature			_____ Date	

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

Bail Recovery/Bonds Agency Raffle License Good Character Letter

Requesting Person Signature Date

ADM027.02.01 (09/01)