

Superior Court of the State of Delaware

COUNT	r Y : □ 1	New Castle	☐ Kent	☐ Sussex
	BAIL REG	ISTRATION F	ORM	
SECTION I DESIGNATION (check one)	☐ Bail Agent	☐ Designate l	Bail Agent	☐ Business Entity
TYPE OF BAIL (check one)	☐ Cash Only	☐ Surety Onl	y	☐ Cash & Surety
AUTHORIZED TO PICK UP CASH:		□ YES		□NO
Name:				
Office Address:		City	State	Zip Code
List the Days of the Week and the				<u> </u>
Telephone:Area Code Number		_		
Email:				
ATTACH A COPY EACH APPLICABL Delaware Dept. of Insurance Pro Delaware Dept. of Insurance Bus Delaware Div. of Revenue Busin Local/Municipality Business Lic	vider License: siness License: ess License:	Number		Expiration Date
Have you ever been convicted of a Has any Insurance or Business Licreason, where and when.	ense been revoked,	suspended or denied	dYes No.	. If Yes, state the license type,
INSURANCE/SURETY COM	MPANY:			
Name:		N.A.I.C.#_		
Address:Street		City	State	Zip Code
Telephone:Area Code Number		Email:		
I hereby acknowledge that I have I further understand that the provise before this Court. I agree to abide Prothonotary, in writing, as soon a information as set forth on this Ba	been provided and resions set forth in this by all the provision as practicable but in	s Administrative Din s of this Administra no event later than 1	rective govern mative Directive ar	y conduct as a bail bond agent and further agree to notify the
Date:		Notarized Signature a	nd Title	
For Business Entity Registrati		Notary Signature		
Name of Designated Pail Agents				

GUARANTOR TO SATISFY BAIL FORFEITURE JUDGMENTS FOR ABOVE LISTED BAIL AGENT/BUSINESS ENTITY/DESIGNATED BAIL AGENT:

The person or entity listed below has provided the bail agent/business entity and/or insurance/surety company with a

guarantee to pay bail forfeiture judgments associated with bail recognizance written by the bail agent/business entity/designated bail agent listed in SECTION I: Delaware Department of Insurance License #: Exp. Date: ____ Address: _____ City State Zip Code Telephone: ______Area Code (ATTACH A COPY OF THE GUARANTOR'S LICENSE) CERTIFICATION BY INSURANCE/SURETY COMPANY: I certify that the insurance/surety company listed in SECTION I is authorized and admitted to transact surety business by the Delaware Department of Insurance. The above named bail agent/business entity/ designated bail agent is authorized to write bail bonds on behalf of that insurance company in Delaware and is licensed as an insurance producer by the Delaware Department of Insurance. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I understand it is my obligation to update the information contained herein as changes occur in order to assure that the information remains complete and accurate. Dated: _____ Signature of Corporate Officer Title

Mail or hand deliver the original registration form along with the original power of attorney and other required attachments to each Prothonotary's Office in each county in which you intend to conduct business:

Print Name

- New Castle County Courthouse, 500 N. King Street, Suite 500, Wilmington, DE 19801
- Kent County Courthouse, 38 The Green, Dover, DE 19901
- Sussex County Courthouse, 1 The Circle, Suite 2, Georgetown, DE 19947