

NOTICE OF BAIL RECOVERY AGENT UTILIZATION

BAIL BOND AGENT INFORMATION			
Full Last Name	Full First Name	Full Middle Name	Arizona Bail Bond Agent License #
<p>In accordance with A.R.S. § 13-3885, I hereby advise the Department of Insurance that I have employed, hired as an independent contractor, or otherwise utilized the bail recovery agent identified below. I hereby certify that to the best of my knowledge the bail recovery agent has never been convicted in any jurisdiction of theft, or of any felony, or of any crime involving carrying or the illegal use or possession of a deadly weapon or dangerous instrument.</p>			
_____			_____
FULL SIGNATURE OF BAIL BOND AGENT			DATE

BAIL RECOVERY AGENT INFORMATION				
Full Last Name	Full First Name	Full Middle Name	Date of Birth	
Home Street Address		City	State	Zip Code
Business Street Address		City	State	Zip Code

Pursuant to the requirements of Arizona Revised Statutes §§ 13-3885 and 20-340.04,

- I hereby certify, under penalty of perjury, that I have never been convicted in any jurisdiction of theft or of any felony or any crime involving carrying or the illegal use or possession of a deadly weapon or dangerous instrument. For the purposes of this attestation, the term “convicted” includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge, regardless of whether
 - the conviction was dismissed, expunged, pardoned, appealed, set aside or reversed;
 - civil rights were restored;
 - a plea was withdrawn;
 - probation, a suspended sentence or a fine was given; or
 - a diversion program was successfully completed.
- I hereby certify, under penalty of perjury, that I last submitted a full set of fingerprints to the Insurance Department on _____ (date) pursuant to A.R.S. § 20-340.04(B).

STATE OF _____)
) ss:
 COUNTY OF _____)

I, _____ (printed name of bail recovery agent), being duly sworn, depose and say that the above statement is true and correct to the best of my knowledge and belief.

FULL SIGNATURE OF BAIL RECOVERY AGENT

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____ (NOTARY SEAL)
 NOTARY PUBLIC My Commission Expires: _____

INSTRUCTIONS - FORM L-BRA

PURPOSE

A.R.S. § 13-3885(C) states,

The surety or bail bond agent employing, hiring as an independent contractor or otherwise utilizing a bail recovery agent shall advise the Department of insurance in writing that the bail recovery agent is providing the services to the surety or bail bond agent on a given case or cases. The written notice to the Department of Insurance must be given within twenty-four hours after the retention and shall include the name, date of birth, home and business address, and telephone number of the bail recovery agent. The bail recovery agent identified in the written notice shall certify on the written notice, under penalty of perjury, that the bail recovery agent has never been convicted in any jurisdiction of theft or of any felony or any crime involving carrying or the illegal use or possession of a deadly weapon or dangerous instrument and that the bail recovery agent has complied with Section 20-340.04.

The purpose of this form is to facilitate compliance by bail bond agents and bail recovery agents with the reporting and certification requirements of A.R.S. § 13-3885(C) and 20-340.04.

INSTRUCTIONS

- **Form L-BRA Time Frame:** The bail bond agent is required to have this form completed, notarized and received by the Department within 24 hours of utilizing a bail recovery agent. In order to provide accommodation to our industry customers, we will consider Form L-BRA to be timely received if either
 - The Bail Recovery Agent Team receives the original of Form L-BRA within 24 hours after the surety or bail bond agent utilizes the bail recovery agent; **OR**
 - The Bail Recovery Agent Team receives a facsimile of Form L-BRA within 24 hours after the surety or bail bond agent utilizes the bail recovery agent AND receives the original of the same, unaltered document within 14 calendar days. The **fax number** for the Bail Recovery Agent Team is **(602) 912-8473**.
- **Fingerprints:** If as of the most recently past September 1st, the bail recovery agent has not submitted a full set of fingerprints to the Department within three years, the bail recovery agent must submit a blue-outlined, matte-finish fingerprint card (Form FD-258) completed in black ink only. If the fingerprints are not clear, the card will be rejected and the bail recovery agent will be required to submit a new set of fingerprints. **A \$29.00 FBI processing fee must accompany each card submitted.** Fingerprint cards are available from the Phoenix Office of the Department of Insurance. To have one or more fingerprint cards mailed, please submit a written request by mail or by fax (602.912.8473) to the Bail Recovery Agent Team. A list of fingerprinting services is available from the PRODUCERS page on the Department of Insurance web site (www.id.state.az.us).
- **Photograph:** If a photograph of a bail recovery agent has not been submitted in an annual report pursuant to A.R.S. § 13-3885(D), a two-inch wide by three-inch high photograph of the face of the bail recovery agent must be submitted with Form L-BRA. You must write the full name of the bail recovery agent on the back of the photograph.

QUESTIONS: The Bail Recovery Agent Team is part of our Insurance Licensing Section.

- We maintain a **PRODUCERS Internet web page** on the Department of Insurance web site (www.id.state.az.us) from which this and other forms can be downloaded. Our Internet web site serves as our primary source of information.
- You may send a question by e-mail, to Licensing@id.state.az.us.
- You may fax requests to (602) 912-8473.
- If you are unable to obtain answers to questions from other information sources, you may call the Insurance Licensing Section at (602) 912-8470.