

**BAIL BOND AGENT NOTICE OF CHANGE OF ADDRESS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Primary Business Name: \_\_\_\_\_

Primary Business Address: \_\_\_\_\_

Business City: \_\_\_\_\_ Business State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Telephone Number: ( ) - \_\_\_\_\_

Agency Fax Number: ( ) - \_\_\_\_\_

Cellular Telephone Number: ( ) - \_\_\_\_\_

Pager Number: ( ) - \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: ( ) - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address:  Business  Home  Other: \_\_\_\_\_

If you are employed in more than one agency or branch office, please provide the name, address, telephone and fax numbers below for each agency.

Current Appointments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

**648.421 Florida Statutes, Notice of Change of Address or Telephone Number**

Each licensed bail bond agent shall notify the department in writing within 10 working days after a change in name, address or phone number for the licensee's principal business, home, agency or firm for which he or she writes bonds.

**Mail to:**

Florida Department of Financial Services  
Bureau of Agent & Agency Investigation  
Attention: Ray Wenger, Administrator  
Bail Bond Regulatory Unit  
200 East Gaines Street, Room 412  
Tallahassee, FL 32399-0320  
Phone Number: (850) 413-5660  
Fax Number: (850) 488-5951