



# BAIL BONDSMAN REGISTRATION

Cash   
Check  \_\_\_\_\_  
Credit Card  \_\_\_\_\_

Received \$ 75.00

Choctaw Registration # \_\_\_\_\_

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

The following documents are required for registration or changes to a current registration with the City of Choctaw.

1. This completed registration form *(Fill in every space. Incomplete form will not be recognized).*
2. Proof of registration with Oklahoma County.
3. Current insurance license / card.
4. Letter of Good Standing with the Oklahoma Insurance Commission.
5. Power of Attorney from Agent or Underwriter.
6. Attach a list of all recovery agents.

### PLEASE PRINT OR TYPE

Bonding Company Name: \_\_\_\_\_

Company Owner's Legal Name: \_\_\_\_\_

Bondsman Name: \_\_\_\_\_  
Please Print

Email Address: \_\_\_\_\_

OK License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Bonding Co Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Bonding Co Physical Address: \_\_\_\_\_  
Street City State Zip Code

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

Cell Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Emergency Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Professional, Agent or Underwriter Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Physical Address: \_\_\_\_\_  
Street City State Zip Code

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

Cell Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Emergency Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

I understand that failure to comply with applicable laws may result in loss of registration and/or fines and that this registration **MUST BE RENEWED YEARLY BY JUNE 30TH**. I have submitted the required paperwork, including a copy of my County License, Letter of Good Standing, POA from Agent/Underwriter and current insurance.

Date: \_\_\_\_\_

Bondsman's Signature: \_\_\_\_\_