



COUNTY OF EL PASO
BAIL BOND ADMINISTRATION
APPLICATION FOR BAIL BOND AGENT

COUNTY DETENTION FACILITY
601 EAST OVERLAND DRIVE
EL PASO, TEXAS 79901
(915) 546-2293

Instructions: Original Application must be submitted to the Bail Bond Administration, Detention Facility, 601 E. Overland, El Paso, Texas, 79901. A copy of your driver's license or I.D. is required, NO EXCEPTIONS. Must be at least 18 to apply.

Date: _____ Employment Date: _____ Bond Co. License # _____

Bond Company Name: _____ Bond Co. Owner: _____

Applicant's Last Name	First Name	Middle	Race	Sex
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AKA'S: _____

Home Address: _____

Home Phone Number: _____ Work Phone Number: _____

City, State, Zip: _____

CIRCLE ONE: Married Single Divorced Widow(er)

Social Security Number: _____ Date of Birth: _____

Place of Birth: City: _____ State: _____ Country: _____

Height: _____ Ft. _____ In. Weight: _____ Lbs. Hair Color: _____ Eye Color: _____

Driver's License #: _____ State: _____ Expires: _____ Type: _____

Spouses Full Name: _____ Date of Birth: _____

Spouse's Employer: _____ Work Phone # _____

HAVE YOU EVER BEEN ARRESTED: CHECK: YES, _____ NO _____

If yes, provide the following: (you may attach a typed explanation):

Charge: _____ When: _____

Where: _____ Case # _____

Court: _____ Disposition: _____

Have you ever been employed by other bonding companies anywhere? Check: Yes: _____ No: _____

With Whom: _____ When: _____

Reason for termination/separation _____

APPLICATION FOR BAIL BOND AGENT

For the purpose of receiving authorization to post bail bonds in the El Paso County Detention Facility and the Jail Annex, I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, full and correct to the best of my knowledge and belief and are made in good faith.

I do hereby request and authorize the Sheriff's Office, any person, each former employer, of firm or corporation referred to in this application, to give any information or answer all questions asked concerning my ability, work or moral character in connection with this application, freely waving my rights to privacy and in regard thereto.

Further, I hereby agree and consent that in the event this application is found to contain false statement(s), omission of material information, or misrepresentation of any kind, this application may be disapproved and disallowed without the showing of any further cause.

Date Signed

Signature of Applicant

Date Signed

Signature of Bond Company Owner

STATE OF TEXAS
COUNTY OF EL PASO

Before me, on this day personally appeared _____

Known to me, or proven to me on the oath of _____

To be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he /she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ A.D. 20____.

Notary Public, In and For, The State of Texas My
Commission Expires: _____

DO NOT WRITE BELOW THIS LINE. FOR SHERIFF'S OFFICE USE ONLY

Records Check:

Local:	Yes: _____	No: _____	Date: _____	By: _____
ID&R:	Yes: _____	No: _____	Date: _____	By: _____
TCIC:	Yes: _____	No: _____	Date: _____	By: _____
NCIC:	Yes: _____	No: _____	Date: _____	By: _____

CHECK ONE: APPLICANT APPROVED: _____

APPLICANT DISAPPROVED: _____

Oscar Ugarte, Sheriff
El Paso County, Texas