

# FORM L-BBAR



## BAIL BOND AGENT ANNUAL REPORT

LICENSING

ADMINISTRATIVE ENFORCEMENT SECTION  
 602-364-3100 | [enforcement@difi.az.gov](mailto:enforcement@difi.az.gov)

### INSTRUCTIONS

- Complete the report with information concerning bail recovery agents that you employed, hired as independent contractors or otherwise utilized at any time between January 1 and December 31 of the prior year. In Section 4, you must attach for each bail recovery agent a 2" x 3" photograph showing the bail recovery agent's face.
- The Department of Insurance and Financial Institutions **MUST RECEIVE YOUR REPORT FOR THE PRIOR CALENDAR YEAR BY OR BEFORE JANUARY 31. YOU MUST FILE THIS REPORT EVEN IF YOU DID NOT UTILIZE A BAIL RECOVERY AGENT.** Failure to comply with the reporting requirement is a ground for disciplinary action against the licensee.
- Mail OR email* your report to the address shown below. If you choose to email your report, *include COLOR photo scans*, not black and white. We strongly suggest encrypting if sending via email.

ADMINISTRATIVE ENFORCEMENT SECTION  
 ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
 100 N 15 AVE STE 261  
 PHOENIX AZ 85007-2630  
[enforcement@difi.az.gov](mailto:enforcement@difi.az.gov)

- Review "Arizona Revised Statutes §§ 20-340.03 and 13-3885", accessible from the "Legislative Council" menu on the Arizona State Legislature Internet web site (<http://www.azleg.gov>). Then, do one of the following:
  - Complete the "Certification" section if you complied with ARS §§ 20-340.03 and 13-3885, **OR**
  - Disclose, in writing, any failures to comply with ARS §§ 20-340.03 and 13-3885.

### Section 1 Bail Bond Agent information

|                |                 |                  |                          |
|----------------|-----------------|------------------|--------------------------|
| FULL LAST NAME | FULL FIRST NAME | FULL MIDDLE NAME | AZ INSURANCE LICENSE NO. |
|----------------|-----------------|------------------|--------------------------|

### Section 2 Certification

CHECK ONLY ONE of the boxes in this section:

- I, the above-named Bail Bond Agent, hereby certify that all my employees and I comply with the requirements prescribed by A.R.S. § 20-340.03 and 13-3885, and that all bail recovery agents that I have employed, hired as independent contractors or otherwise utilized during the preceding calendar year have complied with A.R.S. §§ 20-340.04 and 13-3885 during the preceding calendar year.
- I, the above-named Bail Bond Agent, hereby disclose that my employees or I failed to fully comply with A.R.S. §§ 20-340.04 or 13-3885 during the preceding calendar year, or that one or more bail recovery agent that I employed, hired as independent contractor or otherwise utilized, failed to fully comply with A.R.S. §§ 20-340.04 or 13-3885 during the preceding calendar year. I have enclosed a document that for each instance of non-compliance provides the approximate date of non-compliance, identifies who failed to comply, provides details about the failure to comply, provides reasons for the failure to comply, and describes the steps that you will take to ensure the failures to comply do not recur.

➤ \_\_\_\_\_  
 FULL SIGNATURE OF BAIL BOND AGENT

\_\_\_\_\_  
 DATE

### Section 3

|  |                 |
|--|-----------------|
| Enter the number of pages you are submitting for Section 4. Do not count this page, which is not part of Section 4 ..... | SECTION 4 PAGES |
|--|-----------------|

|                             |            |             |                          |
|-----------------------------|------------|-------------|--------------------------|
| BAIL BOND AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME | AZ INSURANCE LICENSE NO. |
|-----------------------------|------------|-------------|--------------------------|

**IMPORTANT:** Complete the following pages as needed to report information for all bail recovery agents that the bail bond agent employed, hired as independent contractor or otherwise utilized during the preceding calendar year. Record the total number of pages that you completed in Section 3.

**Section 4**      **Bail Recovery Agent Information**

|                 |  |  |                 |          |   |
|-----------------|--|--|-----------------|----------|---|
| <p><b>1</b></p> | (LEGAL) LAST NAME                              |  | FULL FIRST NAME |          | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|                 | BUSINESS STREET ADDRESS (may not be a PO BOX)  |  |                 |          |   |
|                 | CITY   |  | STATE           | ZIP CODE |   |
|                 | RESIDENCE STREET ADDRESS (may not be a PO BOX) |  |                 |          |   |
|                 | CITY   |  | STATE           | ZIP CODE |   |
|                 | PHONE NUMBER (with area code)                  |  | DATE OF BIRTH   |          |   |

|                 |  |  |                 |          |   |
|-----------------|--|--|-----------------|----------|---|
| <p><b>2</b></p> | (LEGAL) LAST NAME                              |  | FULL FIRST NAME |          | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|                 | BUSINESS STREET ADDRESS (may not be a PO BOX)  |  |                 |          |   |
|                 | CITY   |  | STATE           | ZIP CODE |   |
|                 | RESIDENCE STREET ADDRESS (may not be a PO BOX) |  |                 |          |   |
|                 | CITY   |  | STATE           | ZIP CODE |   |
|                 | PHONE NUMBER (with area code)                  |  | DATE OF BIRTH   |          |   |

LIST ANY ADDITIONAL AGENT'S ON THE FOLLOWING PAGE(S).

|                             |            |             |                          |
|-----------------------------|------------|-------------|--------------------------|
| BAIL BOND AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME | AZ INSURANCE LICENSE NO. |
|-----------------------------|------------|-------------|--------------------------|

|          |   |                 |          |  |   |
|----------|---|-----------------|----------|--|---|
| <b>3</b> | (LEGAL) LAST NAME                                     | FULL FIRST NAME |          |  | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|          | BUSINESS STREET ADDRESS (may <i>not</i> be a PO BOX)  |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | RESIDENCE STREET ADDRESS (may <i>not</i> be a PO BOX) |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | PHONE NUMBER (with area code)                         | DATE OF BIRTH   |          |  |   |

|          |   |                 |          |  |   |
|----------|---|-----------------|----------|--|---|
| <b>4</b> | (LEGAL) LAST NAME                                     | FULL FIRST NAME |          |  | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|          | BUSINESS STREET ADDRESS (may <i>not</i> be a PO BOX)  |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | RESIDENCE STREET ADDRESS (may <i>not</i> be a PO BOX) |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | PHONE NUMBER (with area code)                         | DATE OF BIRTH   |          |  |   |

|                             |            |             |                          |
|-----------------------------|------------|-------------|--------------------------|
| BAIL BOND AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME | AZ INSURANCE LICENSE NO. |
|-----------------------------|------------|-------------|--------------------------|

|          |   |                 |          |  |   |
|----------|---|-----------------|----------|--|---|
| <b>5</b> | (LEGAL) LAST NAME                                     | FULL FIRST NAME |          |  | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|          | BUSINESS STREET ADDRESS (may <i>not</i> be a PO BOX)  |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | RESIDENCE STREET ADDRESS (may <i>not</i> be a PO BOX) |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | PHONE NUMBER (with area code)                         | DATE OF BIRTH   |          |  |   |

|          |   |                 |          |  |   |
|----------|---|-----------------|----------|--|---|
| <b>6</b> | (LEGAL) LAST NAME                                     | FULL FIRST NAME |          |  | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|          | BUSINESS STREET ADDRESS (may <i>not</i> be a PO BOX)  |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | RESIDENCE STREET ADDRESS (may <i>not</i> be a PO BOX) |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | PHONE NUMBER (with area code)                         | DATE OF BIRTH   |          |  |   |

|                             |            |             |                          |
|-----------------------------|------------|-------------|--------------------------|
| BAIL BOND AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME | AZ INSURANCE LICENSE NO. |
|-----------------------------|------------|-------------|--------------------------|

|          |   |                 |          |  |   |
|----------|---|-----------------|----------|--|---|
| <b>7</b> | (LEGAL) LAST NAME                                     | FULL FIRST NAME |          |  | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|          | BUSINESS STREET ADDRESS (may <i>not</i> be a PO BOX)  |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | RESIDENCE STREET ADDRESS (may <i>not</i> be a PO BOX) |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | PHONE NUMBER (with area code)                         | DATE OF BIRTH   |          |  |   |

|          |   |                 |          |  |   |
|----------|---|-----------------|----------|--|---|
| <b>8</b> | (LEGAL) LAST NAME                                     | FULL FIRST NAME |          |  | <p>In this space, attach a<br/>2" x 3" photograph<br/>of the<br/>bail recovery agent's face</p> |
|          | BUSINESS STREET ADDRESS (may <i>not</i> be a PO BOX)  |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | RESIDENCE STREET ADDRESS (may <i>not</i> be a PO BOX) |                 |          |  |   |
|          | CITY  | STATE           | ZIP CODE |  |   |
|          | PHONE NUMBER (with area code)                         | DATE OF BIRTH   |          |  |   |