



**Arizona Department of Insurance
BAIL BOND AGENT ANNUAL REPORT (Form L-BBAR)**

1. Complete this report with information concerning bail recovery agents that you employed, hired as independent contractors or otherwise used at any time in the previous calendar year.
2. The Department of Insurance must RECEIVE your report by or before April 30. A failure to comply with the reporting requirement is a ground for disciplinary action against the licensee.
3. Address the envelope containing your annual report EXACTLY as follows:

**BAIL RECOVERY AGENT TEAM
Arizona Dept. of Insurance
2910 North 44th Street, Suite 210
Phoenix, AZ 85018-7269**

PART A: BAIL BOND AGENT INFORMATION

Printed or Typed Full Name of BAIL BOND AGENT:	AZ Insurance License #:
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If you are an individual, use the INSURANCE PROFESSIONAL LICENSE UPDATE SYSTEM (“IPLUS”) accessible on the Internet at <http://iplus.azinsurance.gov> to report any changes to your mailing or e-mail addresses or to your telephone number.

If you are a business entity, use Form L-CHG if you need to report a change to your primary business address or telephone number and use Form L-LOC to disclose branch locations.

Review **Arizona Revised Statutes §§ 20-340.03 and 13-3885**, accessible from the Legislative Council menu option on the Arizona State Legislature Internet web site (<http://www.azleg.gov>), and then either (1) complete the following CERTIFICATION, **OR** (2) disclose, in writing, any failures to comply.

CERTIFICATION

I, the above-named BAIL BOND AGENT, hereby certify that 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.

_____	_____
Signature of Bail Bond Agent	Date

PART B: BAIL RECOVERY AGENT USE

At any time during the immediately preceding calendar year, did you employ, hire as an independent contractor or otherwise use an individual as a bail recovery agent? **YES** **NO**

- **If you answered “NO,”** do not complete PART C or PART D and only submit this page.
- **If you answered “YES,”** complete and submit PART C and PART D along with the required photographs (see instructions to PART D).

PART C: PAGE COUNT

Count the number of pages are you submitting for <u>PART D</u> (BAIL RECOVERY AGENT INFORMATION). <u>Do not</u> count this page (which is not PART D). →	PART D Page Count:
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PART D is provided on the following page

Printed or Typed Full Name of BAIL BOND AGENT:	AZ Insurance License #:
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PART D: BAIL RECOVERY AGENT INFORMATION

Complete the following information for bail recovery agents that you employed, hired as independent contractor or otherwise utilized during the immediately preceding calendar year. You must include a two-inch wide by three inch high (2"X3") photograph of the face of each bail recovery agent with the full name and birth date of the bail recovery agent PRINTED on the back of the photo. Use multiple copies of this form if you need to report information for more than six bail recovery agents. Print or type all information in PART D.

1	(Legal) Last Name	Full First Name	Full Middle Name	Jr./Sr./II/etc.	
	Business Street Address (*may not be a P O box)		City	State	Zip Code
	Residence Street Address (*may not be a P O box)		City	State	Zip Code
	Business Phone:	Date of Birth:			

2	(Legal) Last Name	Full First Name	Full Middle Name	Jr./Sr./II/etc.	
	Business Street Address (*may not be a P O box)		City	State	Zip Code
	Residence Street Address (*may not be a P O box)		City	State	Zip Code
	Business Phone:	Date of Birth:			

3	(Legal) Last Name	Full First Name	Full Middle Name	Jr./Sr./II/etc.	
	Business Street Address (*may not be a P O box)		City	State	Zip Code
	Residence Street Address (*may not be a P O box)		City	State	Zip Code
	Business Phone:	Date of Birth:			

4	(Legal) Last Name	Full First Name	Full Middle Name	Jr./Sr./II/etc.	
	Business Street Address (*may not be a P O box)		City	State	Zip Code
	Residence Street Address (*may not be a P O box)		City	State	Zip Code
	Business Phone:	Date of Birth:			

5	(Legal) Last Name	Full First Name	Full Middle Name	Jr./Sr./II/etc.	
	Business Street Address (*may not be a P O box)		City	State	Zip Code
	Residence Street Address (*may not be a P O box)		City	State	Zip Code
	Business Phone:	Date of Birth:			

6	(Legal) Last Name	Full First Name	Full Middle Name	Jr./Sr./II/etc.	
	Business Street Address (*may not be a P O box)		City	State	Zip Code
	Residence Street Address (*may not be a P O box)		City	State	Zip Code
	Business Phone:	Date of Birth:			