



**Licensing Section
Arizona Department of Insurance**

2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269

Phone: (602) 364-4457 | Toll-free: (877) 660-0964

Web: <https://insurance.az.gov> | E-mail: Licensing@azinsurance.gov

FORM L-BBAR: BAIL BOND AGENT ANNUAL REPORT

INSTRUCTIONS

1. 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.
2. The Department of Insurance must RECEIVE your report by or before January 31 for the prior calendar year. 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.
3. Address the envelope containing your Annual Report EXACTLY as follows:

BAIL RECOVERY AGENT TEAM
Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, AZ 85018-7269
4. 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:
 - a. Complete the "Certification" section if you complied with ARS §§ 20-340.03 and 13-3885, **OR**
 - b. 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 #
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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: Page Count

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:

IMPORTANT: Complete multiple copies of this page 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 copies of this page that you completed in Section 3.

Bail Bond Agent information (copy information from Section 1)			
Full Last Name	Full First Name	Full Middle Name	AZ Insurance License #

Section 4: Bail Recovery Agent Information				
(Legal) Last Name:		Full First Name:		In this space, attach a 2" x 3" photograph of the bail recovery agent's face
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		Date of Birth		

(Legal) Last Name:		Full First Name:		In this space, attach a 2" x 3" photograph of the bail recovery agent's face
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		Date of Birth		

(Legal) Last Name:		Full First Name:		In this space, attach a 2" x 3" photograph of the bail recovery agent's face
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		Date of Birth		