



**Licensing Section
Arizona Department of Insurance**

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Form L-BFP: Bail Recovery Agent Fingerprint Submission

Filing this form does not authorize a person to conduct any action relating to a bail recovery or apprehension. In accordance with ARS § 13-3885(C), the bail bond agent utilizing a bail recovery agent must submit Form L-BRA , Notice of Bail Recovery Utilization, within 24 hours after retaining the bail recovery agent.

A new set of fingerprints accompanied by a FBI Fingerprint Card Processing Fee is required before September 1 of every third year thereafter.

Include with a completed version of this form all the following:

- FBI fingerprint card (Form FD-258) with Form L-FPV (Form L-FPV instructions provide important information).
- \$22.00 FBI Fingerprint Card Processing Fee (non-refundable; amount subject to change without notice)

Section 1: Bail Recovery Agent information						
Full Last Name		Full First Name		Full Middle Name		Date of Birth
Home Street Address			City	State	Zip Code	Home Phone
Business Street Address			City	State	Zip Code	Business Phone

Section 2: Attestation (pursuant to Arizona Revised Statutes §§ 13-3885 and 20-340.04)

By my signature below, I hereby certify, under penalty of perjury, that I have NEVER been convicted in any jurisdiction of ► theft, ► any crime involving carrying or the illegal use or possession of a deadly weapon or dangerous instrument, or ► any felony.

For the purposes of this attestation, “convicted” includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge, regardless of whether

- the conviction was dismissed, expunged, pardoned, appealed, set aside or reversed;
- civil rights were restored;
- a plea was withdrawn;
- probation, a suspended sentence or a fine was given; or
- a diversion program was successfully completed.

FULL Signature of bail recovery agent

<p>Section 3: Photograph Attach a 2” X 3” photograph of your face</p>	<p>To be completed by the Department of Insurance</p> <p>Date Received: ____ / ____ /20____</p> <p><input type="checkbox"/> FP card received</p> <p><input type="checkbox"/> FBI FP fee received</p> <p>BRA Team Member: _____</p>
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