

BAIL BOND AGENT ANNUAL REPORT

LICENSING

ADMINISTRATIVE ENFORCEMENT SECTION

🕾 602-364-3100 🖂 enforcement@difi.az.

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 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.
- 3. 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

- **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	Dan Dona Agent Infor	FULL FIRST NAME	FULL MIDDLE NAME	AZ INSURANCE LICENSE NO.				
Section 2	Certification							
CHECK ONLY	ONE of the boxes in this	section:						
prescribed l independen	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	or of pages you are sub-	mitting for Coation 4. Do not sour	t this page, which is	not SECTION 4 PAGES				
Enter the number of pages you are submitting for Section 4. Do not count this page, which is not part of Section 4								

100 North 15 Avenue, Suite 261 | Phoenix, Arizona 85007-2630

Page 1 of 5

FORM L-BBAR 20220601

age	PORTANT: Complete the following pages a ent employed, hired as independent contrac mber of pages that you completed in Section	tor or otherwise		
	ection 4 Bail Recovery Agent Info			
	(LEGAL) LAST NAME	FULL FIRST NA	AME	
	BUSINESS STREET ADDRESS (may <i>not</i> be a PO B	SOX)		
	CITY	STATE	ZIP CODE	In this anges attach a
				In this space, attach a 2" x 3" photograph
	RESIDENCE STREET ADDRESS (may not be a PO	BOX)		of the
		bail recovery agent's face		
	CITY	STATE	ZIP CODE	
	PHONE NUMBER (with area code) DAT			
	FRONE NOWIDLIN (with alea code)	TE OF BIRTH		
2	(LEGAL) LAST NAME	FULL FIRST NA	AME	
	BUSINESS STREET ADDRESS (may <i>not</i> be a PO B			
	CITY	STATE	ZIP CODE	la this success at the characters
				In this space, attach a 2" x 3" photograph

FIRST NAME

AZ INSURANCE LICENSE NO.

of the bail recovery agent's face

MIDDLE NAME

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

RESIDENCE STREET ADDRESS (may not be a PO BOX)

PHONE NUMBER (with area code)

CITY

BAIL BOND AGENT'S LAST NAME

Page 2 of 5 Form L-BBAR 20220601

ZIP CODE

STATE

DATE OF BIRTH

ВА	IL BOND AGENT'S LAST NAME	FIRST NAME			MIDDLE NAM	E	AZ INSURANCE LICENSE NO.		
3	(LEGAL) LAST NAME	FU	LL FIRST NA	ME					
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	CITY		STATE	ZIP CODE					
	PHONE NUMBER (with area code)	DATE OF E	BIRTH	-					

Page 3 of 5 Form L-BBAR 20220601

ВА	IL BOND AGENT'S LAST NAME	FIRST NAME			MIDDLE N	IAME	AZ INSURANCE LICENSE NO.		
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	PHONE NUMBER (with area code)	DATE OF E	BIRTH						
6	(LEGAL) LAST NAME	FU	LL FIRST NA	ME					
	BUSINESS STREET ADDRESS (may <i>not</i> be	a PO BOX)							
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	RESIDENCE STREET ADDRESS (may <i>not</i> be a PO BOX)					2" x 3" photograph of the bail recovery agent's face			
	CITY		STATE	ZIP CODE					
	PHONE NUMBER (with area code)	DATE OF E	BIRTH						

Page 4 of 5 Form L-BBAR 20220601

ВА	IL BOND AGENT'S LAST NAME	FIRST NAME			MIDDLE NAM	E	AZ INSURANCE LICENSE NO.		
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	CITY		STATE	ZIP CODE					
	PHONE NUMBER (with area code)	DATE OF	BIRTH						
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	CITY		STATE	ZIP CODE					
PHONE NUMBER (with area code) DATE OF BIF									

Page 5 of 5 Form L-BBAR 20220601