



10777 Westheimer Road 77042
P.O. Box 2807
Houston, Texas 77252-2807
(713) 954-8100 – (713) 954-8389 FAX

APPLICATION FOR BAIL BOND AGENCY

(Please type or print)

Legal Name _____ Date of Birth _____

Social Security No. _____

Agency Name _____

Business Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone Number () _____ Business Fax Number () _____

Pager Number () _____ Cellular Number () _____

E-Mail Address _____

Legal Name of Spouse _____ Date of Birth _____

Social Security No. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number () _____

Are you presently in the bail bond business? () YES () NO If "YES", how long _____

License number _____

Have you ever pled guilty or nolo contendere to or been guilty of a felony or a crime involving moral turpitude?

() YES () NO If "YES", attach a separate document describing the circumstances related to the question.

Have you ever filed bankruptcy? () YES () NO

Please submit name, address and phone number for three references (preferably bail agents):

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508

In connection with my application for bail bond agency/bail bond agent with Ranger Insurance Company, I understand that investigative inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Ranger Insurance Company to furnish the above mentioned information.

I hereby consent to your obtaining the above information from National Credit Information Network (W.D.I.A.), or other source deemed necessary, and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization – Attach copy of your license

Date: _____ Signature _____