



1910 Orient Rd.  
Tampa, FL 33619

Application for Appointment  
Agent/Agency Information\*  
Roche Surety, Inc.

Name of Licensee \_\_\_\_\_ (Attach copy of License)

D.O.B \_\_\_\_\_ SSN \_\_\_\_\_ Bail Bond License # \_\_\_\_\_

Business: \_\_\_\_\_

D.B.A. \_\_\_\_\_

Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address

Phone Numbers:

Business \_\_\_\_\_ Fax \_\_\_\_\_ Pager \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_ E-mail \_\_\_\_\_

Home:

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Counties/Parishes in which to be qualified (please check spelling before requesting):

\_\_\_\_\_  
\_\_\_\_\_

County/Parish of Origin: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Owner

\_\_\_\_\_  
Date

Roche Surety, Inc. will perform a criminal and personal background check on all applicants for an appointment.  
By signing this form, you acknowledge this process.

**\*You are requesting an appointment with Roche Surety & Casualty Co., Inc. in order to execute bail bonds in your state. Roche cannot authorize you to execute bonds in your state without completing this form with the required appropriate signatures.**

~~ You must complete this form, print and submit to Roche's offices in order to apply for appointment. ~~