



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.**