



South Carolina Department of Insurance

Capitol Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

HENRY McMASTER

Governor

RAYMOND G. FARMER

Director

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

Bondsman Initial Application Additional Questions

Full Name _____

License Number (NPN) _____

1. Check which license(s) you are applying for.

- Professional Bondsman
- Surety Bondsman
- Bail Bond Runner

2. Have you ever had a license denied, suspended, revoked, or non-renewed by this or any other insurance department or have you ever voluntarily surrendered a license? *If yes, please attach details.*

3. Are you or your spouse a sheriff, deputy sheriff, other law enforcement officer, judicial official, attorney, parole officer, probation officer, jailer, assistant jailer, employee of the general court of justice or other public employee assigned to duties relating to the administration of criminal justice, have power of arrest or have anything to do with Federal, State, County or Municipal prisoners? *If yes, clearly specify in attachment.*

4. Have you completed pre-licensing class for bail bondsman in South Carolina? *If yes, attach the Certificate of Completion.*

5. Attach a passport-sized picture and a copy of your fingerprint receipt.

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information and omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

(continued on next page)

Note: No other affidavits will be accepted. You must sign or electronically sign the initial/renewal application and forms provided by the SC DOI.



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I further certify that I grant permission to the Director of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state, or local government agency, current or former employer, or insurance company.

I further certify that, under penalty of perjury, either (a) I have no child-support obligation, or (b) I have a child support obligation and I am currently in compliance with that obligation.

I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state, or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I am familiar with the bail bond laws and regulations governing bail bonding in South Carolina and will comply with the requirements set forth herein.

Signature of Applicant

Full Legal Name (Print or Type)

Month Day Year

Note: No other affidavits will be accepted. You must sign or electronically sign the initial/renewal application and forms provided by the SC DOI.