



# Bondsperson Information Sheet

1. **Two Original Applications** Please write legibly in **BLACK** ink or type information. Answer all questions appropriately and in detail. Applications must be signed, dated, and notarized.
2. **Employment Verification Letter** Letter from Bonding Company verifying applicants employment. Letter must be written on company's letterhead.
3. **Power of Attorney Document** Permission to write bonds in the City of Atlanta.
4. **Personal History Form** Complete one Personal History Form.
5. **Photographs** Two (2) passport photos - size 2X2
6. **Letters of Reference** May be furnished by any three (3) persons who have known the applicant for at least three (3) years. The person(s) providing the reference letter must include their name, address, & phone number.
7. **Fees**  
Application Fee: \$50.00  
Fingerprint Fee: \$20.00  
Permit Fee: \$250.00

**NOTE: Payment for fees will be accepted only in the form of a cashier's check or money order. You will need to have three separate money orders or cashier's checks in the amounts listed above. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express.**

If there are any questions concerning the completion of these applications or to make an appointment to file the applications, please call the License and Permits Office at (404) 546-4470. Appointments are taken on Monday, Tuesday, and Wednesday.



**CITY OF ATLANTA**  
3493 Donald Lee Hollowell Parkway  
Atlanta, Georgia 30331

**REQUEST TO BE A BONDSPERSON**

To the Chief of Police:

The undersigned respectfully requests the issuance of a permit to engage in the business of a Bondsperson in the City of Atlanta.

1. Full name of applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2. Address: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

3. Have you ever been convicted of any violations of federal law(s)?  Yes  No

If yes, state offense(s) and disposition(s). \_\_\_\_\_

\_\_\_\_\_

4. What business will you represent if granted the permit? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

5. Have you ever been granted a permit to operate as a bondsperson?  Yes  No

If yes, give date(s) and address (es): \_\_\_\_\_

\_\_\_\_\_

6. Have you ever been denied a permit to operate as a bondsperson for any city including Atlanta?  Yes  No

If yes, give date(s), and explanation: \_\_\_\_\_

\_\_\_\_\_

7. Have you ever had bonding privileges suspended or revoked?  Yes  No

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

8. List previous employment for past five years:

COMPANY	ADDRESS	Dates of Employment

9. Are you familiar with ordinances regulating bondsperson and bonding companies in the City of Atlanta.  Yes  No Ref. Code of Ordinances. Vol. II, Article IV.

<b>OFFICIAL OFFICE USE ONLY</b>	
INVESTIGATOR/INSPECTOR: _____	DATE RECEIVED: _____
APPLICATION STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
DATE: _____	

**A LETTER REQUESTING YOUR EMPLOYMENT FROM THE BONDING COMPANY MUST ACCOMPANY THIS APPLICATION.**

**I, \_\_\_\_\_, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRADULENT STATEMENTS ARE MADE HERIN AND THAT SUCH ANSWERS WERE MANDE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.**

**I HEREBY AUTHORIZE THE ATLANTA POLICE DEPARTMENT, LICENSE AND PERMITS UNIT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS APPLICATION**

**SUBSCRIBED AND SWORN BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**



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**3493 Donald Lee Hollowell Parkway**  
**Atlanta, Georgia 30331**

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Telephone # (\_\_\_\_) \_\_\_\_\_

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4. What business will you represent if granted the permit? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

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If yes, give date(s), and explanation: \_\_\_\_\_

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\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS APPLICATION**

**SUBSCRIBED AND SWORN BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**



LICENSE AND PERMITS UNIT  
3493 DONALD LEE HOLLOWELL PARKWAY  
ATLANTA, GEORGIA 30331

**ATLANTA POLICE DEPARTMENT PERSONAL HISTORY RECORD**

PERMIT TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name in FULL (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(City, State) (Day, Month, Year)

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you been convicted of any law? ( ) Yes ( ) No Federal: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

State Law: \_\_\_\_\_ City Ordinance: \_\_\_\_\_ if so, explain: \_\_\_\_\_

List names and addresses of employers for the past three (3) years: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Finger printed by: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CRIMINAL HISTORY CONSENT**

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? ( ) Yes ( ) No

Date of Occurrence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_ Explain: \_\_\_\_\_

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. \_\_\_\_\_

(SIGNATURE)



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize CITY OF ATLANTA  
to receive any Georgia criminal history record information pertaining to me which may be in the files  
of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**By signing below I, \_\_\_\_\_ give consent to the  
above named to perform periodic criminal history background checks for the duration of my  
tenure as agent, independent contractor, or member of this establishment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date