



**COUNTY OF EL PASO  
BAIL BOND ADMINISTRATION**

**COUNTY DETENTION FACILITY  
601 EAST OVERLAND DRIVE  
EL PASO, TEXAS 79901  
(915) 546-2293**

**APPLICATION FOR BAIL BOND AGENT**

Instructions: Original Application must be typed and submitted to the

Bail Bond Administration, Detention Facility, 601 E. Overland, El Paso, Texas, 79901.

A copy of your driver's license or I.D. is required, NO EXCEPTIONS. Must be at least 18 to apply.

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Date: \_\_\_\_\_ Employment Date: \_\_\_\_\_ Bond Co. License # \_\_\_\_\_

Bond Company Name \_\_\_\_\_ Bond Co. Owner: \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

AKA'S: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

CIRCLE ONE: Married Single Divorced Widow(er)

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

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Height: \_\_\_\_ Ft. \_\_\_\_ In. Weight: \_\_\_\_ Lbs. Hair Color: \_\_\_\_ Eye Color: \_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_ Type: \_\_\_\_\_

Spouses Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED: CHECK: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide the following: (you may attach a typed explanation):

Charge: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ Case # \_\_\_\_\_

Court: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you ever been employed by other bonding companies anywhere? Check: Yes \_\_\_\_\_ No \_\_\_\_\_

With Whom: \_\_\_\_\_ When \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

APPLICATION FOR BAIL BOND AGENT

For the purpose of receiving authorization to post bail bonds in the El Paso County Detention Facility and the Jail Annex, I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, full and correct to the best of my knowledge and belief and are made in good faith.

I do hereby request and authorize the Sheriff's Office, any person, each former employer, of firm or corporation referred to in this application, to give any information or answer all questions asked concerning my ability, work or moral character in connection with this application, freely waving my rights to privacy and in regard thereto.

Further, I hereby agree and consent that in the event this application is found to contain false statement(s), omission of materiel information, or misrepresentation of any kind, this application may be disapproved and disallowed without the showing of any further cause.

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Bond Company Owner

STATE OF TEXAS  
COUNTY OF EL PASO

Before me, on this day personally appeared \_\_\_\_\_  
Known to me, or proven to me on the oath of \_\_\_\_\_  
To be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he / she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, In And For, The State of Texas  
My Commission Expires: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE. FOR SHERIFF'S OFFICE USE ONLY

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Records Check:

Local: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
ID&R: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
TCIC: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
NCIC: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

CHECK ONE: APPLICANT APPROVED: \_\_\_\_\_ APPLICANT DISAPPROVED: \_\_\_\_\_

\_\_\_\_\_  
Richard D. Wiles, Sheriff  
El Paso County, Texas

By: \_\_\_\_\_  
R. Lucille Samuel  
Executive Administrative Officer  
El Paso County Sheriff's Office