



Nevada Division of Insurance

1818 E. College Parkway # 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0786 Web: doi.nv.gov

BAIL EMPLOYEE REGISTRATION FORM

ID6-BE as required by NAC 697.330

(Please Print or Type)

This section must be completed by the Employing Bail Agent/Agency

Each bail bond agent shall furnish the following information concerning every person in his employ, including independent contractors, clerical workers, skip tracers and special agents for the purpose of surrender, as long as the persons are employed for an aggregate period of 30 days or more during any 1-year period:

Business Entity Name:		FEIN:	License No.:
Primary Phone Number () - -	Fax Number: () - -	Business Email Address:	

NRS 697.090 License required; administrative fine; general restrictions on licensing.

1. A person in this state shall not act in the capacity of a bail agent, bail enforcement agent or bail solicitor, or perform any of the functions, duties or powers prescribed for a bail agent, bail enforcement agent or bail solicitor under the provisions of this chapter, unless that person is qualified and licensed as provided in this chapter. The Commissioner may, after notice and opportunity to be heard, impose an administrative fine of not more than \$1,000 for each act or violation of the provisions of this subsection...

NRS 697.370 Penalties.

1. The Commissioner may inform the appropriate district attorney of any violation of any provision of this chapter.
2. In addition to any other penalty provided in this chapter any person violating any provision of this chapter is guilty of a misdemeanor.

EMPLOYEE INFORMATION:

Soc. Security Number:	Date of Birth (month) (day) (year)		
Are you a Citizen of the United States ? (Check One) Yes No If NO, of which country are you a citizen? If NO you must supply proof of eligibility to work in the United States	City and State of Birth:		
Last Name JR./SR. etc	First Name	Middle Name	
Residence/Home Address (Physical Street)	City	State	Zip Code
Office Phone:	Cell Phone:		
Individual Email Address:			

EMPLOYMENT HISTORY (Attach additional information if necessary)

Account for all time for the past two years. Give all employment experience starting with your current employer working back two years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Employer Name:	FROM	TO	Position Held
	Mo	Year	
City and State:			
Employer Name:	FROM	TO	Position Held
	Mo	Year	
City and State:			
Employer Name:	FROM	TO	Position Held
	Mo	Year	
City and State:			

For Division Use:

Employee Information Continued:

Employee Name: _____

Employee SSN: _____

NOTICE TO THE EMPLOYEE AND THE EMPLOYER

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NRS 697.370 Penalties.

- 1. The Commissioner may inform the appropriate district attorney of any violation of any provision of this chapter.
2. In addition to any other penalty provided in this chapter any person violating any provision of this chapter is guilty of a misdemeanor.

Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? N/A ___ Yes ___ No ___

Note: "Crime" includes a misdemeanor, a felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A ___ Yes ___ No ___

Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? N/A ___ Yes ___ No ___

EMPLOYEE ATTESTATION:

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this notification and any attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this notification may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the State of Nevada, Division of Insurance (Division) or its designee to verify information with any federal, state or local government agency, current or former employer, or insurance company.
3. I authorize the Division 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.
4. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Nevada.
5. I hereby certify that upon request, I will furnish the Division certified copies of any documentation requested by the Division.

Employee's Original Signature Month/Day/Year

Full Legal Name (Printed or Typed)

This portion to be completed by the employing bail agency/bail agent:

Business Entity Name: _____

License No.: _____

On behalf of the business entity the undersigned owner, partner, officer or director of the business entity, or member or manager of a hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this notification is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this notification is grounds for license revocation and may subject me and the business entity to civil or criminal penalties.
2. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I make this notification.
3. I hereby certify that upon request, I will facilitate and furnish the Division to which I am submitting this notification, certified copies of any documentation so requested to be provided.

Must be signed by an owner, officer, director, or partner of the entity:

Signature

Typed or Printed Name Date

Title