

RICHLAND COUNTY CLERK OF COURTS
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**SURETY BAIL BOND AGENT REGISTRATION FORM
RICHLAND COUNTY COURT OF COMMON PLEAS
ONE FORM MUST BE COMPLETED FOR EACH AGENT**

Bail Bonding Company Name: _____

Agent: _____

Company's
Address: _____

Co's Phone: _____ Fax: _____

Insurance Company: _____

Insurance Co Name: _____

Address of Insurance Co: _____

Phone # of Insurance Co: _____

Fax # of Insurance Co: _____

*****Please remit with this form with the required attachments:**

1. This form
2. Qualifying Power of Attorney
3. Clear copy of Certificate of Authority & Certificate of Compliance
4. State of Ohio Department of Insurance for Bonding Company and Bonding Agent
5. Clear copy of bondsman Drivers License

***** ALL OF THE ABOVE MUST BE INCLUDED IN EACH PACKET AND THERE MUST BE A PACKET FOR EVERY AGENT *****