

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 *****

***RICHLAND COUNTY REQUIRES ALL BONDS TO BE SEALED/CRIMPED BY THE
AGENT AT THE TIME OF POSTING***