

Department of Finance & Administration
Office of City Clerk
300 West Ash Street, Suite 206
P.O. Box 736
Salina, Kansas 67402-0736



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Bail Bond Agent Employer Verification

I, _____ is applying for a bail bond agent license
Name of Bail Bond Agent Applicant

for employment with _____
Bail Bond Company Name

I hereby verify that the above named person is applying for a bail bond agent license for employment with the company listed above.

Signature of Company Representative

Date

Name of Company