



Division of Insurance

**COLORADO DIVISION OF INSURANCE
BAIL BONDING AGENT
REGISTERED AGENT FORM**

I, _____
Bail Bonding Agent Name

_____, appoint:
License number

Name of registered agent

located at _____
Street Address (include suite number)

City, State, Zip **Phone number**

to be my registered agent and to accept service of process on my behalf.

Pursuant to §12-7-108(2), C.R.S., if I do not have a third-party agent for service of process, I can
be served at my office located at _____
Street Address (include suite number)

City, State, Zip **Phone number**

Signature of bail bond agent

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires: _____
Expiration Date

