

PROFESSIONAL BAIL BOND SEALS REQUEST FORM

Date

Full Name as listed on license

of boxes requested _____

SEALS ISSUED: (For ASD use only)

Address Change Request

(Electronically update your address at http://www.ncdoi.com/ASD/Bail_Bondsmen.aspx#Online_Services)

Residence:

Business:

Mailing:

Email:

Bondsman's Signature

NPN

(b) Every applicant for a license shall inform the Commissioner of the applicant's residential address and provide the applicant's e-mail address to which the Commissioner can send electronic notifications and other messages. Every licensee shall give written notification to the Commissioner of any change of the licensee's residential or e-mail address within 10 business days after the licensee moves into the licensee's new residence or obtains a different e-mail address.