

## PROFESSIONAL BAIL BOND SEALS REQUEST FORM

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name as listed on license

# of boxes requested \_\_\_\_\_

**SEALS ISSUED: (For BBRD use only)**


### Address Change Request

(Electronically update your address at

[http://www.ncdoi.com/ASD/Bail\\_Bondsmen.aspx#Online\\_Services](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.*