

ACTION NOTICE STATEMENT OF BAIL EMPLOYMENT

LIC 438 (Rev 04/2023)

State of California
Department of Insurance
Mailing address:
PO Box 1139
Sacramento CA 95812-1139
(916) 492-3035

To the Insurance Commissioner of the State of California:

Notice is hereby given that effective from the date of filing this notice, the designated Bail Permittee or Bail Agent hereby:

1. **APPOINTS and agrees to employ** the person named herein to act as my:

A) Check one: Agent Solicitor Permittee Fugitive Recovery Agent

B) List basis and amount of compensation to employee (check appropriate box)

Salary \$ _____, per month

Wages \$ _____, per month

Commissions – If this box is checked, complete #1 with the percentage rate of the commission and #2, with what the percentage rate is based on (i.e.: percentage of bond premium):

1. _____ Percentage Rate (%)

2. What is the percentage rate based on: _____

2. **TERMINATES** the employment of the employee named herein.

EMPLOYER INFORMATION	EMPLOYEE INFORMATION
Employer's license number: _____	Employee's license number: _____ (if issued)
Employer's name: _____ (as shown on license)	Employee's name: _____
Business street address: _____	Business street address: _____
City: _____	City: _____
State and Zip Code: _____	State and Zip Code: _____
By my signature below I agree to notify the Commissioner of any change in the matters set forth in this statement:	By my signature below I agree to notify the Commissioner of any change in the matters set forth in this statement:
Employer signature: _____ Date: _____ Telephone: () _____	Employee Signature: _____ Date: _____ Telephone: () _____

Notes: Change of addresses must be filed separately using the [Online Change of Address](#) service or form # LIC 447-7.
If unlicensed, all Bail licensing forms and fees must be submitted.