

OFFICE OF SUPERINTENDENT OF INSURANCE
Producer LICENSING BUREAU

NOTICE OF Limited Surety SOLICITOR APPOINTMENT

1) SOLICITOR INFORMATION:

Name of Solicitor _____ Social Security No _____
Address _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
Email Address _____

2) SPONSORING AGENT INFORMATION

Name of Sponsoring Agent _____
Sponsoring Agent SSN _____ License No. _____
Bail Bond Agency _____ Federal Id No. _____

Sponsoring agent listed above, hereby, gives notice to the Office of Superintendent of Insurance that the designated solicitor has authority to act on behalf of this bail bondsman.

| Class Code | Line of Business | Fee |
|------------|------------------|---------|
| 20 | Limited Surety | \$20.00 |

3) SPONSORING AGENT SIGNATURE

Signature _____ Date _____
Phone No. _____

Mailing address: PO Box 1689, Santa Fe, New Mexico 87504
Overnight address: 1120 Paseo de Peralta, Room 434, Santa Fe, New Mexico 87501
Telephone number: (505) 827-4601 Fax number: (505) 827-4373
Email: agents.licensing@state.nm.us