

APPENDIX B



AFFIDAVIT

Yearly report July 1, 20__ through June 30, 20__

BAIL BONDING AGENT NAME: _____

STATE OF COLORADO

County of _____ ss.

I, _____, being first duly sworn, state that this report, is a complete, true and correct statement of my activities as a Bail Bonding Agent for the stated period.

I understand that any false, incomplete or deceptive representation herein constitutes good and sufficient cause for revocation of my producer license by the Colorado Division of Insurance.

I authorize any person to disclose to the Colorado Division of Insurance any information regarding bail bonds written by me and collateral accepted by me.

SIGNATURE OF BAIL BONDING AGENT

LICENSE NUMBER

DATE

<p>Subscribed and sworn to before me this</p> <p>_____ day of _____, 20__</p> <p>My Commission Expires: _____</p> <p>_____</p> <p>NOTARY PUBLIC</p>
