

Certification Date: _____

Date: _____



**DEPARTMENT OF EMERGENCY SERVICE AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
SPECIAL LICENSING AND FIREARMS UNIT**

ANNUAL REPORT OF PROFESSIONAL BONDSMAN

LICENSE NUMBER: _____

NAME OF BONDSMAN (Must be typed/printed)

This report, in addition to the monthly reports I have filed, comprised my entire Annual Report for the past calendar year. I have been advised that if any information provided herein, knowingly false or misleading, I will be subject to prosecution under Section 53a-157 of the Connecticut General Statutes.

Signature of Licensed Bondsman

Subscribed and sworn to before me at

_____, CT this _____ day of _____ 20____

Commissioner of the Superior Court
Justice of the Peace
Notary Public

My commission expires on
