

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

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BAIL ENFORCEMENT CHANGE OF ADDRESS FORM

Mail to the address listed above. Our office cannot accept fax, email or copies of this form. It must be submitted with original signature. An incomplete form will not be accepted and your file will not be updated.

Licensee Information

License #:

Last 4 SSN:

Name (as it appears on license):

New Information

Mailing Address:

City, State, Zip:

Physical Address:

City, State, Zip:

County:

Telephone #:

Email Address:

Address where business records are kept:

Signature:

Date:

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