INDIANA BAIL AGENT APPLICATION

Please **type or use clearly legible printed writing**. Illegible applications will be returned. You must **answer all questions fully** and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary.

All applications must include:

(1) A completed application including **Form 3a**, signed and completed by the surety company.

(2) A recent digital full face photograph and your signature on the specimen sheet so we can include on your license. If you prefer, pictures can be taken and a license issued in our office, **but only by appointment.**

(3) A Certified fingerprint card from local law enforcement or a receipt from L-1 Identity Solutions showing that you have been fingerprinted.

(4) Recent Credit Bureau Report (can be obtained free) at: **www.annualcreditreport.com**

(5) Criminal History Check completed by Indiana State Police.

(6) Photo copies of other Professional Licenses that you hold.

(7) Application fee of **$650.00** (check or money order).

(8) Completion Certificate for twelve (12) credit hours of Pre-Licensing Education.

We Do Not Accept Cash or Credit Cards

Upon receipt of the application materials, you will receive a ***CERTIFICATE OF TESTING ELIGIBILITY*** from this office which will entitle you to take the bail agent examination. Information regarding test sites and phone number will be included. There is a One Hundred Dollar **($100.00)** examination fee, **to be paid at the time of registration on Website.** Do not send this fee with your application. The examination is given by a vendor. Once you receive your testing certificate an informational sheet will be provided to you on how to schedule an examination and how to pay the examination fee. Please note that incorrect or misleading information on this application may result in a denial or other administrative action! Please call this office at **317-232-5249** if you have any question regarding this application. Be sure to visit our website **www.in.gov/idoi** for forms, updates and additional information.

STATE OF INDIANA BAIL AGENT APPLICATION

LEGAL NAME OF APPLICANT: _____

HOME ADDRESS: _____

CITY/COUNTY/ZIP: _____

LENGTH OF TIME AT THAT ADDRESS: _____

PREVIOUS ADDRESS (ES) FOR PAST 5 YEARS: _____

_____

PROPOSED BUSINESS ADDRESS: _____

_____

HOME PHONE: _____ **BUSINESS PHONE:** _____

EMAIL ADDRESS: _____

IF YOU WILL WORK FOR OR REPORT TO SOMEONE ELSE, GIVE THEIR

NAME AND, IF APPLICABLE, THE STATE AGENT'S NAME: _____

_____

NAME OF COMPANY YOU WILL REPRESENT: _____

_____

PRINCIPLE ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS:
(This is where you will be audited if licensed) _____

_____

LENGTH OF INDIANA RESIDENCY: _____

CURRENT OCCUPATION: _____

WILL YOU CONTINUE THIS JOB UPON LICENSURE? YES _____ **NO** _____

SOCIAL SECURITY NUMBER: _____ -_____-_____

DATE OF BIRTH: _____ **EYE COLOR:** _____ **HEIGHT:** _____

HAIR COLOR: _____ **WEIGHT:** _____

ANSWER THE FOLLOWING QUESTIONS FULLY

1. Are there any complaints or charges against you currently pending before any public authority, including a law enforcement agency and Bureau of Motor Vehicles? YES_____NO_____
2. Has a disciplinary action been taken against you by any public authority (law enforcement agency, Bureau of Motor Vehicles, etc.)? YES ____NO____
3. Have you ever been convicted of a Felony? YES____ NO____
4. Have you been convicted of a Misdemeanor involving dishonesty, violence, or a deadly weapon? YES_____NO_____
5. Are you a jailer, law enforcement officer, or do you have any custody or control over any prisoners? YES_____NO_____
6. Have you ever previously held an insurance or bail agent's license in this or another state? YES_____NO_____
7. If you answered yes to item # 6, was that license ever suspended or revoked? YES_____NO_____
8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date_____
9. Do you have any outstanding State or Federal tax liens or warrants? YES_____NO_____
10. Do you currently have any outstanding judgments for unpaid child support? YES_____NO_____

NOTE: If you answered YES to any of the above, give a detailed explanation on an attached sheet.

AFFIRMATION

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT: _____

DATE: _____

Sworn and subscribed before me this _____ Day of _____, _____

My Commission Expires _____ Notary Public_____

County of Residence _____ Printed Name _____

INFORMATION FOR EXAMINER

Please provide the following information so that you are easily located for the exam of your bail bond records.

Name: _____

Business Name: _____

Is your bail bond business: Full-Time_____ **Part-Time**_____

Business Phone Number: _____ **Email Address** _____

Address where your records are kept:

_____

Street Number **City** **State** **Zip Code** **County**

If the address above is not easily located, (such as a rural route number), Please give directions to location from the nearest town:

_____

_____

_____

If you have employment other than your bail bond business, Where can you be located during business hours?

Address: _____

_____

Phone Number: _____

(Area code) **(Number)**

Please complete this form and return it with your bail agent license application.

Attach a small digital photo or email one to: **lreynolds@idoi.in.gov**

HERE----------→

Your signature (**PLEASE USE BLACK SHARPIE PEN**)

HERE----------→

Name _____

Address _____

_____

Phone Number _____

Indiana Department of Insurance
Bail Bond Division
311 West Washington Street, Suite 300
Indianapolis Indiana 46204-2787

Form **3a**
License Requisition
Type or Print Neatly

Date_____

Agent Data

1. Name: _____
Last First Middle Maiden

2. Home Address: _____
Street City State Zip

3. Business address: _____
Street City State Zip

4. Home Telephone: _____ 5. Business Telephone: _____

6. Social Security Number: _____ 7. Date of Birth: _____

8. Email Address _____

I certify that I am familiar with the policies and forms which I will be soliciting for this company.

_____
Signature of Agent

Surety Insurance Company Data

8. Name of Company: _____

9. Addresss: _____
Street City State Zip

10. Telephone Number: _____ 11. Company I.D. Number_____

12. State where Company Is Domiciled: _____

On behalf of my company, I certify the applicant to be of good moral character, trustworthy and competent.

_____ _____
Date Signed by Surety Company Authorized Signature

Return original to the Department of Insurance, Bail Bond Division