Indiana Department of Insurance
BAIL BOND DIVISION
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

INDIANA RECOVERY AGENT RENEWAL 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. **You must note any changes in address, county or phone numbers on this application.**

All applications must include:

- If you want a new photo on your license, send a recent digital full face photograph (passport size). Pictures can be taken and a license issued in our office **appointment only**.
- Application fee of **$300.00** (check or money order).
- Completion Certificate for six (6) credit hours of Continuing Education.

We Do Not Accept Cash or Credit Cards

Please note that any incorrect or misleading information on this application will result in administrative denial. If you have any questions regarding this application, please call Linda Reynolds at (317) 232-5249

INDIANA RECOVERY AGENT RENEWAL APPLICATION

Name _____

Home Address _____

City _____ **Zip** _____

County _____

Home Phone (_____) _____

Business Phone (_____) _____

Principal Business Address _____

City _____ **Zip** _____

Date of Birth _____

Social Security Number _____

List all Bail Agents you have worked for in the past twelve months:

_____

_____

_____

_____

	ANSWER THE FOLLOWING QUESTIONS FULLY	Yes	No
1	Are you aware of any complaints against you currently pending before any public authority including a law enforcement agency and Bureau of Motor Vehicles?		
2	Has any disciplinary action been taken against you by any public authority law enforcement agency, Bureau of Motor Vehicles, etc.?		
3	Have you ever been convicted of **a** felony since your license was issued or renewed?		
4	Have you ever been convicted of a misdemeanor involving dishonesty, violence or a deadly weapon since your license was issued or renewed?		
5	Are you a jailer, law enforcement officer, or do you have any custody or control over prisoners?		
6	Have you ever had a Bail, Recovery or other Insurance license suspended or revoked by this or another State?		
7	Do you have any outstanding State or Federal tax liens or warrants?		
8	Do you currently have any outstanding judgments for unpaid child support?		
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 _____