



BAIL/RECOVERY CLASS PROVIDER APPLICATION FOR APPROVAL

(Select One Only) New Application Renewal Application

(Select One Only) Pre-Licensing Education Continuing Education

**Pre-licensing and continuing education classes require separate applications and fees.*

Provider Information:

| | | |
|--|-------------------------------------|-----------|
| Provider Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Federal Tax ID #: | Provider ID Number (if applicable): | |
| Phone: | Email: | Website: |
| (Select All that Apply) | | |
| <input type="checkbox"/> Provider includes the following individual who has been a full-time resident of Indiana and a licensed Indiana Bail Agent for at least five (5) of the immediately preceding ten (10) years: Name: _____ License Number: _____ | | |
| <input type="checkbox"/> Provider is a Bail Agent Association operating in Indiana and approved by the Commissioner. | | |

Class Information:

| | | |
|--------------------------------------|-----------------------------------|-----------|
| Class Title (maximum 40 characters): | | |
| *Class Location/Street Address: | | |
| City: | State: | Zip Code: |
| Class ID Number (if applicable): | Number of Credit Hours Requested: | |

**If class will be taught at more than one location, please attach additional sheet listing all locations.*

Class Materials:

| | |
|------------------|--------------------|
| Text Title: | Publisher/Edition: |
| Other Materials: | |

Attestation of Submitter:

I attest that this application is true and correct to the best of my knowledge. I understand that any omission or material misrepresentation constitutes grounds for denial, suspension, or revocation of approval. I further certify that I understand IC 27-10-3 and 760 IAC 1-6.2 as pertaining to Bail/Recovery classes and instructors, and this class and its instructors will comply fully with these requirements.

Name of Submitter

Position/Title

Signature

Date

Application Must Include: One (1) original set of all documents, class outline/agenda, all class materials, \$40.00 class filing fee, and \$20.00 instructor fee (for each instructor application included). Fees must be by check or money order made payable to **Indiana Department of Insurance**.

Last Updated 01/12/2022

Mail Application to: Indiana Department of Insurance, 311 W. Washington St., Indianapolis, IN 46204-2787