



## 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**.

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