

SPECIMEN SHEET

For Bail Agent or Recovery Agent New or Renewal License Application

Attach a small (passport size) digital photo

HERE ----->

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

HERE ----->

Name: _____ Agent License Number: _____

Mailing Address: _____
(Street, City, State, Zip)

Phone Number: _____ Email: _____

Mail sheet to: Indiana Department of Insurance, 311 W Washington St, Indianapolis, IN 46204-2787. Or, electronic copies of the photo and signature may be attached to the online new or renewal application or emailed to AgentLicensing@idoi.in.gov.

