

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: _____

Sheet may be mailed to: **Indiana Department of Insurance, 311 West Washington Street, Indianapolis, Indiana 46204-2787.** Or, electronic copies of the photo and signature may be attached to the online new or renewal application or emailed to LShook1@idoi.in.gov.

