

**To: Minnesota Bureau of Criminal Apprehension**  
**Re: Criminal Background Check**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information about me to the Minnesota State Court Administrator's Office in order to obtain approval as a bail bond agent in the State of Minnesota pursuant to Rule 702 of the Minnesota General Rules of Practice for District Courts.

<b>APPLICANT INFORMATION</b> <i>(type or print legibly)</i>		
Last Name:	First:	Middle:
Maiden, Alias, or Former Names (if applicable):		
Date of Birth (mm/dd/yyyy):	Gender (Male or Female):	
Social Security Number (optional):		
<b>This authorization expires one year from the date of my signature.</b>		
Signature of Data Subject	Date Signed	
Subscribed and sworn to before me this: _____ day of _____, 20____		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____ Notary Public		
My commission expires: _____		

<b>INSTRUCTIONS</b>
<ol style="list-style-type: none"> <li>1. Complete and notarize the Criminal Background Check Authorization form.</li> <li>2. Enclose: <ul style="list-style-type: none"> <li>• The completed and notarized Criminal Background Authorization form (this page only)</li> <li>• A \$15.00 check, cashier's check, or money order payable to: Minnesota BCA</li> <li>• A stamped envelope addressed to: Bail Bond Program State Court Administrator's Office, 25 Rev. Dr. Martin Luther King, Jr. Blvd. St. Paul, MN 55155</li> </ul> </li> <li>3. <b>Mail to:</b> Minnesota Bureau of Criminal Apprehension (BCA) 1430 Maryland Ave East Saint Paul, MN 55106</li> </ol>