

APPLICATION SUBMISSION INSTRUCTIONS

1. Include these required documents:

- A completed and signed New Bail Bond Agent Application
- A copy of the applicant's driver's license or ID card from state of residence
- A Qualified Power of Attorney (QPOA) from each appointing surety
- A current passport-quality photograph of applicant
- Supporting documentation, if applicable

Mail to: Bail Bond Program, State Court Administrator's Office,
25 Rev. Dr. Martin Luther King Jr. Blvd., St Paul, MN 55155

2. Submit to the Minnesota Bureau of Criminal Apprehension (BCA):

- The notarized Criminal Background Check Application form (last page of this application)
- A \$15.00 check, cashier's check, or money order payable to: Minnesota BCA
- A stamped envelope addressed to: Bail Bond Program, State Court Administrator's Office,
25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, MN 55155

Mail to: Minnesota BCA, 1430 Maryland Ave East, Saint Paul, MN 55106

Note: SCAO **must** receive the criminal background check directly from the BCA. Background checks not received directly from the BCA may delay the application approval process.

APPLICANT INFORMATION *(All fields are required. Type or print legibly)*

Have you ever applied or been approved by the State Court Administrator's Office to issue bail bonds in Minnesota District Courts? Yes No

Applicant Name:

Maiden, Alias, or Former Names (if applicable):

Date of Birth (mm/dd/yyyy): Bail Bond License #:

Mailing Address:

City: State: Zip Code:

Phone #: Email Address:

Check the applicable responses. If YES, write a detailed explanation for each incident and attach additional pages, if needed.
Example: 5/15/2010, Dakota County, Offense description-Case dismissed.

Have you previously applied or been approved by the State Court Administrator's Office to issue bail bonds in Minnesota District Courts? Yes No

Have you ever been convicted of a misdemeanor, gross misdemeanor, or felony offense? Yes No

Do you currently have charges pending for a misdemeanor, gross misdemeanor, or felony offense? Yes No

Are you currently, or have you ever been, a defendant in any lawsuit, arbitration, or other proceeding involving allegations of fraud, misappropriation, conversion, mismanagement of funds, or breach financial obligation? Yes No

Date, location, and detailed description of incident:


Date, location, and detailed description of incident:



APPLICANT CERTIFICATION	
<p>I certify that all of the information submitted in this application and attachments are true and complete. I acknowledge that I have read a copy of the Bail Bond Program Notices and Bail Bond Procedures posted on the Minnesota Judicial Branch Bail Bond website. I agree to comply with the requirements contained in these Notices and Procedures in the event the State Court Administrator's Office approves this Bail Bond Agency and Surety application. I understand that failure to comply with the Notices and Procedures may result in the denial of this application or revocation of approval.</p>	
Signature of Applicant	Date Signed (MM/DD/YYYY)
BAIL BOND AGENCY INFORMATION	SURETY COMPANY INFORMATION
Agency Name:	Surety Name:
Agency Contact Information:	Surety Name:
	Surety Name:
BAIL BOND AGENCY CERTIFICATION	
<p>I, the Authorized Bonding Agency Contact, certify that the above named applicant is an agent of and is authorized to issue bail bonds on behalf of _____; and that this applicant is authorized to issue bail bonds for the above named surety company(ies). I agree that the Bonding Agency assumes full responsibility for the actions of this agent, and will notify the SCAO of any change in this agent's authority to issue bail bonds on its behalf.</p>	
Signature of Authorized Bonding Agency Contact	Date Signed (MM/DD/YYYY)
Printed Name of Authorized Bonding Agency Contact	Title

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.

APPLICANT INFORMATION <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):		
This authorization expires one year from the date of my signature.		
Signature of Data Subject		Date Signed
Subscribed and sworn to before me this: _____ day of _____, 20____ _____ Notary Public My commission expires: _____		

INSTRUCTIONS
<ol style="list-style-type: none"> 1. Complete and notarize the Criminal Background Check Authorization form. 2. Enclose: <ul style="list-style-type: none"> • The completed and notarized Criminal Background Authorization form (this page only) • A \$15.00 check, cashier's check, or money order payable to: Minnesota BCA • 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 3. Mail to: Minnesota Bureau of Criminal Apprehension (BCA) 1430 Maryland Ave East Saint Paul, MN 55106