

APPLICATION SUBMISSION INSTRUCTIONS

Include these required documents:

- A completed and signed Bail Bond Agent Renewal Application
- A copy of the applicant's driver's license or ID card from state of residence
- A current 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.
Saint Paul, MN 55155

Note: The Bail Bond Agent renewal process does not require the applicant to submit a full criminal background check by the Minnesota Bureau of Criminal Apprehension. However, SCAO does conduct a criminal history check.

APPLICANT INFORMATION (All fields are required, print legibly)

Has the applicant received a new QPOA or are there changes to any surety appointments?
If yes, a new QPOA must be submitted. Yes No

Applicant Name:

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

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

City:	State:	Zip Code:
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Phone #:	Email Address:
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Check the applicable responses. If YES, write a detailed explanation and attach additional pages, if needed.
Example: 5/15/2010, Dakota County, Offense description-Case dismissed.

Since the date of your last application, have you been charged with, or convicted of a misdemeanor, gross misdemeanor, or felony offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you currently have charges pending for a misdemeanor, gross misdemeanor, or felony offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Since the date of your last application, have you been a defendant in any lawsuit, arbitration, or other proceeding involving allegations of fraud, misappropriation, conversion, mismanagement of funds, or breach financial obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date, location, and detailed description of incident:

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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 application. I understand that failure to comply with the Notices and Procedures may result in the denial of this application or revocation of approval to issue bail bonds in the Minnesota District Courts.</p>	
Signature of Applicant	Date Signed (MM/DD/YYYY)
BAIL BOND AGENCY INFORMATION	
Agency 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