



APPLICATION SUBMISSION INSTRUCTIONS		
Include these required documents: <ul style="list-style-type: none"> <input type="checkbox"/> A completed and signed Bail Bond Agency and Surety Application <input type="checkbox"/> A copy of the applicants MN Secretary of State's Certificate of Registration (Agency Only) <input type="checkbox"/> 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		
APPLICANT TYPE:		APPLICATION TYPE:
<input type="checkbox"/> Bail Bond Agency		<input type="checkbox"/> New
<input type="checkbox"/> Surety Company		<input type="checkbox"/> Renewal
APPLICANT INFORMATION <i>(All fields are required, print legibly)</i>		
Has the applicant previously applied or been approved by the State Court Administrator's Office to issue bail bonds in Minnesota District Courts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency or Surety Name:		
Agency or Surety Authorized Contact (receives SCAO/court notifications):		
Agency License # (Bonding Agency Only)		
Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email Address:	
Does the bail bond agency or surety company have any overdue forfeited bail bonds in any Minnesota district court? <i>If yes, write a detailed explanation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Detailed Explanation:		
AUTHORIZED REPRESENTATIVES		
Name:		Title:
Email address:		Phone #:
Name:		Title:
Email address:		Phone #:
Name:		Title:
Email address:		Phone #:
I, authorize the listed representative to make changes to any information, status, or other related requests on behalf of _____ . Change requests made by unauthorized representatives will be denied.		
APPLICANT CERTIFICATION		
I certify on behalf of the applicant, 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 this applicant's approval.		
Signature of Authorized Bonding Agency Contact		Date Signed (MM/DD/YYYY)
Printed Name of Authorized Bonding Agency Contact		Title