

APPLICANT SUBMISSION INSTRUCTIONS		
<p>Include these required documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A completed and signed Change of Agency Application Form <input type="checkbox"/> A current Qualified Power of Attorney (QPOA) from each appointing surety <input type="checkbox"/> Supporting documentation, if applicable <p>Mail to: Bail Bond Program State Court Administrator's Office 25 Rev. Dr. Martin Luther King Jr. Blvd. Saint Paul, MN 55155</p> <p>Note: Agents changing bonding companies are prohibited from engaging in bail bond work until the submitted Change of Bail Bond Agency application has been approved.</p>		
BAIL BOND AGENT INFORMATION <i>(All fields are required, print legibly)</i>		
Agent 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:	
BAIL BOND AGENCY INFORMATION <i>(All fields are required, print legibly)</i>		
Agency Name:	Phone #:	
Mailing Address:	Email:	
City:	State:	Zip Code:
Surety Name:	Surety Name:	
Surety Name:	Surety Name:	
BAIL BOND AGENCY CERTIFICATION		
<p>I, the Authorized Bail Bond 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 surety company(ies) identified in this application. I agree that the Bail Bond Agency assumes full responsibility for the actions of this agent, and that it will promptly notify the SCAO of any change in this agent's authority to issue bail bonds on its behalf.</p>		
Signature of Authorized Representative		Date of Signature (mm/dd/yyyy)
Printed Name of Authorized Representative		Title