

APPLICANT SUBMISSION INSTRUCTIONS		
<p>Include these required documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A completed and signed Change of Information Request Form <input type="checkbox"/> A current Qualified Power of Attorney (QPOA) from all <u>new</u> appointing sureties <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>		
APPLICANT TYPE <i>(Complete applicable sections)</i>		Change Effective Date
<input type="checkbox"/> Bail Bond Agent <input type="checkbox"/> Bail Bond Agency <input type="checkbox"/> Surety Company		(mm/dd/yyyy):
BAIL BOND AGENT INFORMATION <i>(All fields are required, print legibly)</i>		
Has the applicant received a new QPOA or are there changes to any surety appointments? <i>If yes, a new QPOA must be submitted.</i>		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
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/SURETY COMPANY INFORMATION <i>(All fields are required, print legibly)</i>		
Agency or Surety Name:		
Agency or Surety Authorized Contact (receives SCAO notifications):		
Agency License # (Bonding Agency Only):		
Mailing Address:		
City:		State: Zip Code:
Phone #:	Email Address:	
AUTHORIZED REPRESENTATIVES		
Name:		Title:
Email address:		Phone #:
Name:		Title:
Email address:		Phone #:
Name:		Title:
Email address:		Phone #:

AUTHORIZED REPRESENTATIVES CERTIFICATION	
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 Representative	Date of Signature (mm/dd/yyyy)
Printed Name of Authorized Representative	Title