



**MISSOURI UNIFORM RENEWAL APPLICATION FOR BAIL BOND OR
SURETY RECOVERY LICENSE (FORM BR)
MISSOURI REGISTRATION NUMBER 2955**

Have you or an immediate family member ever served in the U.S. Armed Forces?
If yes, please check the box if you would like information about military-related services in Missouri.

PLEASE PRINT OR TYPE

PART I – LICENSE TYPE REQUESTED - CHECK APPROPRIATE BOX (ONLY ONE TYPE PER APPLICATION)

Bail Bond Agent General Bail Bond Agent Surety Recovery Agent

**** SEE PART V - GENERAL INSTRUCTIONS ****

PART II (A) – INDIVIDUAL IDENTIFICATION (Do not complete if you are renewing a corporate license.)

A. SOCIAL SECURITY NUMBER/LICENSE NUMBER		B. DATE OF BIRTH (MM/DD/YYYY)		
C. FULL LEGAL NAME OF APPLICANT - LAST NAME	FIRST NAME	MIDDLE NAME (IF NONE, ENTER N/A)	JR./SR.	
D. RESIDENCE ADDRESS - REQUIRED	STREET ADDRESS	CITY	STATE	ZIP CODE
BUSINESS ADDRESS - REQUIRED	STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS - REQUIRED	PO BOX/STREET ADDRESS	CITY	STATE	ZIP CODE
E. HOME TELEPHONE ()	BUSINESS TELEPHONE ()	EMAIL ADDRESS		

PART II (B) – CORPORATE IDENTIFICATION (Do not complete if you are renewing an individual license.)

General Bail Bond agents formed as corporations must write bonds on behalf of an insurance company. Please attach an original power of attorney from an insurance company.

A. FEIN (FEDERAL EMPLOYER IDENTIFICATION NUMBER)	B. INCORPORATION/FORMATION DATE			
C. BUSINESS NAME				
D. LEGAL ADDRESS - REQUIRED	STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS - REQUIRED	PO BOX/STREET ADDRESS	CITY	STATE	ZIP CODE
E. TELEPHONE NUMBER ()	EMAIL ADDRESS			

F. OFFICERS, OWNERS, AND DIRECTORS: (IDENTIFY ALL OFFICERS, OWNERS AND DIRECTORS OF THE BUSINESS. IF NO CHANGES HAVE BEEN MADE TO THE OFFICERS, OWNERS AND DIRECTORS SINCE THE ORIGINAL LICENSE ISSUANCE, CHECK APPROPRIATE BOX AND FORWARD TO PART III.)

NO CHANGES

NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DEVELOPMENT (GED) CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, in what city and state did you earn your diploma or certificate? (city) _____ (state) _____			
NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DEVELOPMENT (GED) CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, in what city and state did you earn your diploma or certificate? (city) _____ (state) _____			
NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DEVELOPMENT (GED) CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, in what city and state did you earn your diploma or certificate? (city) _____ (state) _____			

PART III – BACKGROUND INFORMATION (To be completed by Individual AND Corporate Applicants.)

Corporate Applicant: Questions should be considered by each officer/owner/director. If any of the questions in Part III, A-F, can be answered, “yes”, by any officer/owner/director, the question should be checked, “yes”, and documentation must be attached. If question Part III-G can be answered “no” by any officer, the question should be checked “no.” If needed, attach a sheet of paper for additional space.

- A. HAVE YOU, WITHIN THE PAST THREE (3) YEARS, BEEN ADJUDICATED, CONVICTED, PLED OR FOUND GUILTY OF ANY MISDEMEANOR OR FELONY OR CURRENTLY HAVE PENDING MISDEMEANOR OR FELONY CHARGES FILED AGAINST YOU? APPLICANTS ARE REQUIRED TO REPORT ALL CRIMINAL CASES WHETHER OR NOT A SENTENCE HAS BEEN IMPOSED, A SUSPENDED IMPOSITION OF SENTENCE HAS BEEN ENTERED OR THE APPLICANT HAS PLED NOLO CONTENDERE (NO CONTEST).
 YES NO If YES, provide a full explanation on a separate sheet of paper including name and address of court, basis of charge, outcome, and whether you received an executive pardon. Also attach certified court documents of the Information or Indictment and the Final Adjudication.
- B. HAS ANY PROFESSIONAL LICENSE OTHER THAN BAIL BOND RELATED LICENSES HELD OR APPLIED FOR BY YOU (OR ANY RENEWAL OF THE SAME) OR ANY BUSINESS OF WHICH YOU HAVE BEEN DIRECTLY CONNECTED, BEEN SUBJECT TO DISCIPLINARY ACTION, INCLUDING BUT NOT LIMITED TO REFUSAL, SUSPENSION, REVOCATION, AND/OR DENIAL BY A REGULATORY BODY OR OFFICIAL OF THIS OR ANY STATE, DISTRICT, TERRITORY OR PROVIDENCE OF CANADA?
 YES NO If YES, provide full, written explanation on a separate sheet of paper and a certified document from the agency imposing discipline.
- C. DOES ANY COURT, SURETY INSURANCE COMPANY, GENERAL BAIL BOND AGENT OR BAIL BOND AGENT CONTEND OR ALLEGE THAT IT HAS MONEY OR SUMS DUE FROM YOU?
 YES NO If YES, provide full, written explanation on a separate sheet of paper and any documents related to the matter.
- D. HAVE YOU EVER HAD A PERFORMANCE OR SURETY BOND REFUSED, REVOKED, OR CANCELLED?
 YES NO If YES, provide full, written explanation on a separate sheet of paper and any documents related to the matter.
- E. DO YOU HAVE ANY OUTSTANDING FORFEITURES OR UNSATISFIED JUDGMENTS ENTERED ON ANY BAIL BOND IN ANY COURT OF THIS STATE OR THE UNITED STATES, OR AS A BAIL BOND AGENT, HAVE YOU WRITTEN A BOND THAT RESULTED IN AN OUTSTANDING FORFEITURE OR UNSATISFIED JUDGMENT, OR HAS A SURETY INSURANCE COMPANY REFUSED, REVOKED OR CANCELLED THEIR POWER-OF-ATTORNEY?
 YES NO If YES, provide full, written explanation on a separate sheet of paper and any documents related to the matter.
- F. ARE YOU A JUDGE, ATTORNEY, COURT OFFICIAL, LAW ENFORCEMENT OFFICER OR A STATE, COUNTY OR MUNICIPAL EMPLOYEE WHO IS EITHER ELECTED OR APPOINTED?
 YES NO If YES, state office/position and provide dates office/position held.
- G. DO YOU DEVOTE AT LEAST FIFTY PERCENT (50%) OF YOUR WORKING TIME TO THE BAIL BOND BUSINESS IN MISSOURI?
 YES NO

PART IV – APPLICANT SIGNATURE (If renewing a corporate license, application must be signed by an officer.)

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

ORIGINAL SIGNATURE OF APPLICANT	DATE
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THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE RETURNED FOR CORRECTION.

Mail Completed Application To: MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
P.O. Box 4001
Jefferson City, MO 65102

PART V – GENERAL INSTRUCTIONS

INSTRUCTIONS APPLICABLE TO ALL RENEWAL APPLICANTS:

- A. All renewal applicants must submit a \$150 application fee. Fee may be paid by check or money order, made payable to DCI-Insurance.
- B. If a complete renewal application is not received on or before the license expiration date, the license will terminate resulting in a lapse of licensure. Once the license has been successfully renewed, it will have issuance and expiration dates that differ from those on the previous license.
- C. The Department may refuse to renew a license of any applicant that has violated state law or has been adjudicated or entered a plea of guilty or nolo contendere in a criminal prosecution under any state or federal law for a felony or a crime involving moral turpitude, whether or not a sentence is imposed.
- D. Excluding applicants for a corporate general bail bond agent license, a fingerprint-based background check by an electronic means approved by the Missouri State Highway patrol must be conducted on all applicants. The fingerprint-based background check must include a Missouri State Highway Patrol, Criminal Records and Identification Division (CRID) and a Federal Bureau of Investigation search. For proper identification, a fingerprint is required. The applicant shall pay any required fingerprinting, search or other fees directly to, and in the manner prescribed by, the Missouri Highway Patrol. Applicants who have previously submitted to an electronic fingerprint-based background check approved by the Missouri Highway Patrol are not required to submit additional fingerprints. Your application is not complete until all background check information has been submitted to the Missouri Highway Patrol and received by the Department.

For information on obtaining the fingerprint-based background check, including information regarding locations and fees, you **must** register with the Missouri Automated Criminal History Site Fingerprint Portal at www.machs.mo.gov. DCI's Missouri registration number is 2955.

- E. Excluding applicants for a corporate general bail bond agent license, all resident and non-resident licensees must complete and report 8 hours of Missouri approved continuing education at the time of their biennial renewal. The continuing education hours must be reported on a Bail Bond Agent, General Bail Bond Agent and Surety Recovery Agent Continuing Education Certification Summary form. See attached form.

BAIL BOND AGENT APPLICANTS

- A. An applicant must comply with the qualifications and requirements as set forth in Chapter 374, RSMo.
- B. All applicants must provide on this form the name, license number, address, and signature of the licensed general bail bond agent(s) under whose authority they will be working:

PRINT NAME AND LICENSE NUMBER OF GENERAL BAIL BOND AGENT(S)
ADDRESS OF GENERAL BAIL BOND AGENT(S)
ORIGINAL SIGNATURE OF GENERAL BAIL BOND AGENT(S)

GENERAL BAIL BOND AGENT APPLICANTS - INDIVIDUALS

- A. An applicant must comply with the qualifications established by Supreme Court Rule 33.17
- B. An applicant is not qualified for renewal if the applicant does not devote at least 50% of their working time to the bail bond business in Missouri per sections 374.700(5) and 374.740, RSMo.
- C. All renewal applicants must submit an original letter from the financial institution that issued the applicant's Certificate of Deposit, verifying that the Certificate of Deposit is still assigned to the state of Missouri, as directed by 20 CSR 700-6.200(2). The letter must be signed and dated by a bank official within the past 60 days, include the Certificate of Deposit number, and must be on the financial institution's letterhead.
- D. If a complete renewal application is not received on or before the license expiration date, a late fee will be due and the license and all bail bond agent appointments will terminate. A Change of Bail Bond Status form must be completed by each bail bond agent working under the authority of the general bail bond agent and be submitted with the general bail bond agent late renewal. The appointment effective date will be the same as the new issue date of the general bail bond agent license.

GENERAL BAIL BOND AGENT APPLICANTS - CORPORATIONS

- A. Corporate applicants must be registered with the Missouri Secretary of State Office and in good standing.
- B. All officers of the corporation must hold active Missouri bail bond agent licenses, and must have been licensed as bail bond agents for a minimum of two years prior to submitting the general bail bond corporation renewal application.
- C. All officers of the general bail bond corporation must meet all of the qualifications outlined in A and B of GENERAL BAIL BOND AGENT APPLICANTS - INDIVIDUAL.

D. Applicants must submit with the completed application:

1. A list of all branch addresses of the general bail bond agent corporation.
2. An original letter from the financial institution that issued the applicant's Certificate of Deposit, verifying that the Certificate of Deposit is still assigned to the state of Missouri, as directed by 20 CSR 700-6.200(2). The letter must be signed and dated by a bank official within the past 60 days, include the Certificate of Deposit number, and must be on the financial institution's letterhead.
3. Original power of attorney from the insurance company giving corporation authority to write bonds on behalf of the insurance company.
4. If a complete renewal application is not received on or before the license expiration date, a late fee will be due and the license and all bail bond agent appointments will terminate. A Change of Bail Bond Status form must be completed by each bail bond agent working under the authority of the general bail bond agent and be submitted with the general bail bond agent late renewal. The appointment effective date will be the same as the new issue date of the general bail bond agent license.

THIS APPLICATION MAY BE PHOTOCOPIED

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹Written notification includes electronic notification, but excludes oral notification.

²See 28 CFR 50.12(b).

³See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Email Completed Application and Attachments To: dcf.ins.deposit@insurance.mo.gov

Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments To:

Missouri Department of Commerce and Insurance

P.O. Box 4001

Jefferson City, MO 65102

Payment will be in the form of a check or money order.



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

**BAIL BOND AGENT, GENERAL BAIL BOND AGENT AND SURETY
RECOVERY AGENT CONTINUING EDUCATION CERTIFICATION SUMMARY**

P.O. BOX 690 or
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-3518

The information you furnish on this form will be used to determine whether you have complied with the continuing education requirements. **If this form is not completed in full, ALL documents will be returned. MAIL THIS FORM** to the Missouri Department of Commerce and Insurance **with your license renewal.**

INSTRUCTIONS

1. If you reside in a state (other than Missouri) please attach an original Certification Letter **dated within past six months.**
2. For each continuing education course, enter the Course Provider, Course Title, Missouri Course Number, Date Course Completed, and Number of C.E.C. Hours from your Certificate of Course Completion.
3. When you have completed all the requisite hours, sign and date the bottom of this form and **submit with license renewal.** You need to complete 8 hours for bail bond, general bail bond or surety recovery agent.
4. **ATTACH THIS FORM TO YOUR LICENSE RENEWAL.**
5. Instructors may earn the number of continuing education credit hours they instruct (only the first time a course is taught). If credit is earned as instructor, write "Instructor" next to the Course Title.

NAME OF BAIL BOND, GENERAL BAIL BOND OR SURETY RECOVERY AGENT		NATIONAL PRODUCER NUMBER (NPN)/LICENSE NUMBER
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE) (REQUIRED)		
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) (OPTIONAL)		
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) (REQUIRED - SURETY RECOVERY AGENT ONLY)		
RESIDENCE TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	

LIST OF CONTINUING EDUCATION COURSES				
COURSE PROVIDER	COURSE TITLE	MO. COURSE* NUMBER	DATE COURSE COMPLETED MONTH/DAY/YEAR	CEC HOURS

TOTAL ▶

CERTIFICATION

I certify that I have taken and completed the courses listed above and have not misrepresented any fact or information contained herein. I will furnish to the Department of Commerce and Insurance upon request, evidence of having taken any or all of the courses listed on this report. I understand that I will be subject to a \$1,000 voluntary forfeiture and/or license revocation for failure to provide truthful information on this form.

SIGNATURE OF BAIL BOND AGENT, GENERAL BAIL BOND AGENT, OR SURETY RECOVERY AGENT ▶	DATE
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