



MISSOURI DEPARTMENT OF INSURANCE,
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
CHANGE OF GENERAL BAIL BOND STATUS

P.O. BOX 690
 JEFFERSON CITY, MO 65102
 TELEPHONE: (573) 751-3518
THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

Please type or print in ink.

Verify and print your license at <http://insurance.mo.gov/agents/>

If address changes to a state other than Missouri, you must increase your assignment to \$25,000.

GENERAL BAIL BOND LICENSE NUMBER	LEGAL LAST NAME, FIRST NAME, MIDDLE NAME OF GENERAL BAIL BOND AGENT/CORPORATION	<input type="checkbox"/> JR <input type="checkbox"/> SR
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CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)

CHANGE OF ADDRESS (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)

STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
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NEW BUSINESS ADDRESS (Optional)

STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
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NEW MAILING ADDRESS (Optional)

STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
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CHANGE OF NAME - INDIVIDUALS ONLY (Please attach documentation)

PREVIOUS NAME

NEW NAME

CHANGE OF OWNERS, OFFICERS, DIRECTORS

If there have been any changes of owners, officers, or directors, attach a current listing. Give full name, Social Security Number, title and residence address. Officers must have been a bail bond agent for a minimum of 2 years, have a high school/GED diploma (provide city and state where diploma earned), and provide a notarized affidavit stating they are devoting at least 50% of their working time to the Missouri bail bond business.

CHANGE OF BRANCH OFFICES

<input type="checkbox"/> DELETION OF LICENSED BAIL BOND AGENTS WORKING UNDER MY AUTHORITY	
BAIL BOND AGENT NAME	SOCIAL SECURITY/LICENSE NO.

ORIGINAL SIGNATURE OF GENERAL BAIL BOND AGENT (REQUIRED FOR ALL ABOVE CHANGES)	DATE
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