



**MISSOURI UNIFORM APPLICATION FOR BAIL BOND OR SURETY
RECOVERY LICENSE (FORM B1)
MISSOURI REGISTRATION NUMBER 2955**

Email Application to: dci.ins.deposit@insurance.mo.gov

Mail: Missouri Department Of Commerce And Insurance
PO Box 4001

Jefferson City, MO 65102

Questions: regulatory.services@dci.mo.gov

If you or an immediate family member are a veteran in the state of Missouri and are interested in learning more about benefits and resources available to you, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DCI>.



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 VI - GENERAL INSTRUCTIONS ****

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

A. SOCIAL SECURITY 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		
F. ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO , of which country are you a citizen? _____				
G. 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) _____				
H. HAS RESIDENCE ADDRESS CHANGED IN THE LAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , list former residence address: (street) _____ (city) _____ (state) _____ (zip code) _____				
I. IF APPLYING FOR BAIL BOND AGENT OR SURETY RECOVERY AGENT LICENSE, HAVE YOU SUBMITTED YOUR FINGERPRINTS THROUGH THE MISSOURI AUTOMATED CRIMINAL HISTORY SYSTEM (MACHS) USING THE REGISTRATION NUMBER 2955? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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

General Bail Bond agents formed as corporations must write bonds on behalf of a surety insurance company. Please attach an original Power of Attorney from a surety insurance company.

A. FEIN (FEDERAL EMPLOYER IDENTIFICATION NUMBER)		B. INCORPORATION/FORMATION DATE		
C. CORPORATE 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 CORPORATION. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER.)

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-H, can be answered, "yes", by any officer/owner/director, the question should be checked, "yes", and documentation must be attached. If question Part III-I can be answered "no" by any officer, the question should be checked "no." If needed, attach a sheet of paper for additional space.

- A. DO YOU NOW HOLD, OR HAVE YOU IN THE LAST 5 YEARS HELD, AN INSURANCE OR BAIL BOND LICENSE IN ANOTHER STATE IN THE U.S. OR THE PROVINCES OF CANADA?
☐ YES ☐ NO If YES, and the license is still in force, attach a certification letter from your home state.
- B. HAVE YOU EVER 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, written explanation on a separate sheet of paper including the 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.
- C. 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.
- D. 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.
- E. 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.
- F. 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 JUDGEMENT, 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.
- G. HAVE YOU EVER BEEN A DIRECTOR, OFFICER, OR OWNER OF AN INSURANCE COMPANY, AGENCY, OR CORPORATE GENERAL BAIL BOND AGENT WHICH WAS PLACED IN BANKRUPTCY, CONSERVATORSHIP, REHABILITATION, OR ANY OTHER FORM OF DELINQUENCY PROCEEDINGS?
☐ YES ☐ NO If YES, provide full explanation on a separate sheet of paper.
- H. 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 position/office held.
- I. DO YOU DEVOTE AT LEAST FIFTY PERCENT (50%) OF YOUR WORKING TIME TO THE BAIL BOND BUSINESS IN MISSOURI?
☐ YES ☐ NO

PART IV – EMPLOYMENT RECORD (Do not complete if you are applying for a corporate license.)

A. WILL YOU CONDUCT BAIL BOND BUSINESS USING A MARKETING NAME?
☐ YES ☐ NO If YES, complete 1-3 below.

1. FULL AND EXACT NAME OF BAIL BOND BUSINESS ENTITY

2. ADDRESS OF BUSINESS ENTITY STREET CITY STATE ZIP CODE

3. TELEPHONE NUMBER OF BUSINESS ENTITY

B. List your employment history for the past five (5) years to present, **beginning with your current place of employment. Account for all time** including full and part-time employment, unemployment, self-employment, military service and full-time education.

DATES OF EMPLOYMENT		FULL AND EXACT NAME OF COMPANY	ADDRESS OF COMPANY	POSITION HELD
FROM	TO			

PART V – APPLICANT SIGNATURE (If applying for 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

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 VI – GENERAL INSTRUCTIONS

All INITIAL BASIC TRAINING and EXAMINATION SCORES are valid for one year

INSTRUCTIONS APPLICABLE TO ALL APPLICANTS:

- A. All applicants must submit a \$150 application fee. Fee may be paid by check or money order, made payable to DCI - Insurance.
- B. The Department may deny a license to 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.
- C. 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.

BAIL BOND AGENT APPLICANTS

- A. Applicants must have completed 24 hours of initial basic training.
- B. Residents and non-residents must take and pass the Missouri bail bond agent examination.
- C. All applicants must comply with the qualifications and requirements as set forth in Chapter 374, RSMo., including:
 - 1. Be at least 21 years of age.
 - 2. Be a United States citizen.
 - 3. Have earned a high school diploma or GED certificate.
 - 4. Have not been convicted of any felony under the laws of any state or of the United States.
 - 5. Not be a judge, attorney, court official, law enforcement officer, or a state, county, or municipal employee who is either elected or appointed.

D. Applicants must submit with the completed application:

- 1. Original, signed Certificate of Initial Basic Training.
- E. All applicants must provide on this form the name, license number, address, and signature of the licensed general bail bond agent 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. Applicants must have completed 24 hours of initial basic training.
 - 1. Residents and non-residents are exempt from Missouri's 24 hours of initial basic training if they completed the training prior to applying for a Missouri bail bond agent license.
 - 2. Applicants are exempt from Missouri's 24 hours of initial basic training if they were licensed as a bail bond agent in Missouri prior to January 1, 2005.
- B. No examination required.
- C. All applicants must comply with the qualifications and requirements as set forth in Chapter 374, RSMo., including:
 - 1. Be at least 21 years of age.
 - 2. Be a United States citizen.
 - 3. Have earned a high school diploma or GED certificate.
 - 4. Have been licensed as a bail bond agent for a minimum of two years prior to submitting the general bail bond application.
 - 5. Devote at least 50% of his/her working time to the bail bond business in Missouri.
 - 6. Have not been convicted of any felony under the laws of any state or of the United States.
 - 7. Not be a judge, attorney, court official, law enforcement officer, or a state, county, or municipal employee who is either elected or appointed.
- D. **Applicants must submit with the completed application:**
 - 1. Original, signed Certificate of Initial Basic Training, if applicable.
 - 2. Assignment form documenting assignment of \$10,000 if applicant is a Missouri resident. Assignment form documenting assignment of \$25,000 if the applicant is a non-resident.
 - 3. Acknowledgement of Assignment form.
 - 4. Original Certificate of Deposit representing the assigned deposit. Certificate of Deposit must be issued in applicant's name only, and indicate assignment to the state of Missouri.

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 application.
- C. All officers of the general bail bond corporation must meet all of the qualifications outlined in A, B and C of GENERAL BAIL BOND AGENT APPLICANTS - INDIVIDUAL.
- D. **Applicants must submit with the completed application:**
 - 1. A copy of the Certificate of Incorporation or a Certificate of Good Standing issued by the Missouri Secretary of State, and dated within the past year.
 - 2. A list of all branch addresses of the general bail bond agent corporation.
 - 3. Assignment form documenting assignment of \$10,000 if applicant is a Missouri resident. Assignment form documenting assignment of \$25,000 if the applicant is a non-resident.
 - 4. Acknowledgement of Assignment form.
 - 5. Original Certificate of Deposit representing the assigned deposit. Certificate of Deposit must be issued in the corporate applicant's name only and indicate assignment to the state of Missouri. An officer must sign as depositor.
 - 6. Original Power of Attorney from insurance company.

SURETY RECOVERY AGENT APPLICANTS

- A. Applicants must have completed 24 hours of initial basic training.
 - 1. Applicants are not required to take Missouri's 24 hours of initial basic training if they hold a current Missouri bail bond agent or general bail bond agent license and completed the training prior to applying for the bail bond agent or general bail bond agent license.
 - 2. Trained law enforcement officers who have at least two years of law enforcement service within the past ten years are not required to take the 24 hours of initial basic training. (See D. for documentation requirements.)
- B. Resident and non-resident applicants are required to take the surety recovery agent examination.
- C. All applicants must:
 - 1. Be at least 21 years of age.
 - 2. Be a United States citizen.
 - 3. Have earned a high school diploma or GED certificate.
 - 4. Have not been convicted of any felony under the laws of any state or of the United States.
- D. **Applicants must submit with the completed application:**
 - 1. Original, signed Certificate of Initial Basic Training, if applicable.
 - 2. A former Law Enforcement Officer requesting an exemption to initial basic training must submit an original letter from the city or government agency for which he/she served documenting a minimum of two years of law enforcement service within the past ten years. He/she must also submit written documentation of prior law enforcement training.
 - 3. A copy of the front and back of his/her driver's license or other valid photo identification.

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.