FORM 3A

BAIL AGENT APPOINTMENT
OR RECOVERY AGENT SPONSORSHIP

SECTION ONE: INDIVIDUAL INFORMATION

To be completed by any individual: (1) applying for new Bail Agent or Recovery Agent license; (2) renewing Bail Agent or Recovery Agent license; or (3) disclosing change in Surety Company appointment (for Bail Agents), or a change in Bail Agent and/or Surety Company sponsorship (for Recovery Agents).

1. Name: _____ 2. License Number (if applicable): _____

3. Date of Birth: _____ 4. Social Security Number: **XXX-XX-**_____

5. **(Select One)** You are: ☐ Applying for a new Bail Agent or Recovery Agent license;
   ☑ Renewing an active Bail Agent or Recovery Agent license; or
   ☐ Reporting a change in Surety Company appointment (for Bail Agents), or Bail Agent or Surety Company sponsorship (for Recovery Agents).

6. **For Bail Agents Renewing License:** List names of all Recovery Agents you have used during the preceding year or since your last renewal. If you have not used or employed any Recovery Agents, list "**NONE**" on first line: _____, _____, _____

By signing you certify that all information is true and correct to the best of your knowledge. You understand that any omission, false statement, or failure to make full disclosure constitutes grounds for denial of license application or renewal or license suspension, revocation, or other enforcement action by the Commissioner of Insurance.

_____ _____
Signature of Individual Date

SECTION TWO: APPOINTING SURETY COMPANY OR SPONSORING BAIL AGENT

To be completed by authorized Surety Company or licensed Bail Agent under IC 27-10.

1. Name of Surety Company or Bail Agent: _____

2. Company ID/License #: _____ 3. Address: _____
(Street, City, State, Zip)

4. **(Select One)** The individual listed in Section One is:
   ☐ An appointed Bail Agent of the Surety Company in this section;
   ☐ No longer an appointed Bail Agent of the Surety Company in this section;
   ☐ A sponsored Recovery Agent of the Bail Agent or Surety Company in this section; or
   ☐ No longer a sponsored Recovery Agent of the Bail Agent or Surety Company in this section.

By signing you certify that all information is true and correct to the best of your knowledge. You understand that any omission, false statement, or failure to make full disclosure constitutes grounds for denial of license application or renewal or license suspension, revocation, or other enforcement action by the Commissioner of Insurance.

_____ _____ _____
Name and Title Telephone Email

_____ _____
Signature Date

Submit copy by *either*: MAIL: 311 W. Washington St, Indianapolis, IN 46204; FAX: 317-234-5882; EMAIL: LShook1@idoi.in.gov; OR attach to application through link in confirmation email received.

As of March 2016