



GLEN MULREADY, INSURANCE COMMISSIONER

400 NE 50th Street, Oklahoma City, OK 73105

ALL FEES ARE BY LAW DEEMED EARNED AND NON-REFUNDABLE

Appointment is valid until canceled. Appointment fee is \$10.00.

Bail Bondsman License Number: _____ Name (Last, First, Middle): _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ County: _____	PLEASE CHECK New Appt. <input type="checkbox"/> Amended Appt. <input type="checkbox"/> Surety Co NAIC # or Prof. Lic # / MCA Lic #
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SURETY COMPANY / PROFESSIONAL / MULTI-COUNTY AGENT ENDORSEMENT

	Yes	No
1. Are you aware if the Bail Bondsman has been convicted of, pled guilty or nolo contendere to, a felony or a misdemeanor involving moral turpitude or dishonesty? If answer is "Yes", explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this Bail Bondsman committed a violation of any State Bail Bond Law, or do you believe that he (she) has violated or may be currently violating any such law? If answer is "Yes", explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide the name, address, and license number of the Managing General Agent (must be a licensed Oklahoma Bail Bondsman) through which Bail Bondsman will be working. _____		
4. Included is a qualifying power of attorney for the agent to act under my Professional or Multi County Agent license.	<input type="checkbox"/>	<input type="checkbox"/>
5. I have investigated his/her character and background and am satisfied that he/she is trustworthy and qualified to represent the Surety Company/Prof/MCA in Oklahoma. I hereby certify the individual named above is duly appointed as indicated from the date accepted by the Insurance Department, and I accept full responsibility for his/her actions.	<input type="checkbox"/>	<input type="checkbox"/>
6. Must include an affidavit from the Bail Bondsman regarding premiums, forfeitures and fees. See 59 O.S. 1317(C).		

Dated this _____ day of _____, _____

Surety Co/Prof/MCA _____ (Signature of Agent)

Mailing Address _____

Check No. _____ for \$ _____ (Authorized Signature of Surety Co/Prof/MCA)

Print Name: _____

Print Title: _____

-OKLAHOMA INSURANCE DEPARTMENT USE ONLY-

APPROVED AND EFFECTIVE: _____ NOT APPROVED FOR THE FOLLOWING REASON:

A. Not licensed for _____

B. Item(s) _____

C. Signature on Company/Professional/MCA Endorsement not authorized.

D. Other: _____

IF THIS APPOINTMENT IS DISAPPROVED FOR ANY REASON, A NEW BR-11 AND FEE ARE REQUIRED.

Processed by: _____ Date: _____ Accepted _____ Returned _____