



**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.**

<b>Bail Bondsman License Number:</b> _____ <b>Name (Last, First, Middle):</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____	<b>PLEASE CHECK</b> New Appt. <input type="checkbox"/> Amended Appt. <input type="checkbox"/>  <b>Surety Co NAIC # or Prof. Lic # / MCA Lic #</b>
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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 \_\_\_\_\_