

### **Bail Enforcer Applicant Qualifications**

- 1) 21 years of age at time of licensing.
- 2) Citizen of the United States or alien legally residing in the U.S.
- 3) Good faith resident of Oklahoma for the last six (6) months immediately preceding the date of application.
- 4) Be of good moral character.
- 5) Never have been convicted of a felony, unless the sentence was completed more than fifteen (15) years prior to the date of application. A person convicted of a violent felony may not be licensed as an armed bail enforcer, even if more than fifteen (15) years have passed.
- 6) Never have been convicted of a crime of moral turpitude, or any offense listed as disqualifying in the Bail Enforcement act or in CLEET rules.
- 7) Not currently have any criminal charges pending, and not be on a deferred sentence, or on probation.
- 8) Have no final victim protection orders issued in any state as a defendant:
- 9) Have a high school diploma, or GED, or equivalent recognized by state law.

### **EDUCATION AND TRAINING REQUIREMENTS**

Applicants must submit documentation of training and testing completion thru a CLEET approved training facility with their completed application. Listed below are the required courses for each license:

- Unarmed Bail Enforcer
  - Phase I, II, III & V
- Armed Bail Enforcer
  - Phase I, II, III, IV & V
  - Taser
  - OC Spray

### **APPLICANT WITH ARREST RECORD**

You must provide a JUDGEMENT & SENTENCING document as well as the COURT DISPOSITION. These MUST be CERTIFIED COURT COPIES. Be aware that a failure to disclose arrest record will be grounds for immediate denial of a license.

### **APPLICANTS APPLYING FOR AN ARMED BAIL ENFORCER LICENSE**

You must provide to CLEET a current psychological evaluation having been administered by a licensed psychologist in the state of Oklahoma.

#### **A license can be issued ONLY when the following are completed:**

1. Training is complete and documented.
2. All necessary forms and documents have been submitted.
3. The fingerprint cards you submitted with your application have returned from OSBI and cleared all legal reviews.
4. No disqualifications are found.
5. Payment is received in full.
6. ALL requirements stated in rule & statutes have been met.

**The following persons are not eligible for licensing as a Bail Enforcer:**

- (1) Jailers;
- (2) Police officers;
- (3) Committing judges;
- (4) District or Municipal judges;
- (5) Prisoners;
- (6) Sheriffs, deputy sheriffs and any person having the power to arrest or having anything to do with the control of federal, state, county or municipal prisoners.
- (7) Any person who possesses a permit pursuant to the provisions of Section 163.11 of Title 37 of the Oklahoma Statutes or is an officer, director or stockholder of any corporation holding such a permit;
- (8) Any person who is an agent or owner of any establishment at which low-point beer is sold for on premises consumption;
- (9) Any person who holds any license provided for in Section 518 of Title 37 of the Oklahoma Statutes or is an agent or officer of any such Licensee, except for an individual holding an employee license pursuant to paragraph 20 of subsection A of Section 518 of Title 37 of the Oklahoma Statutes;
- (10) Any person who holds any license or permit from any city, town, county, or other governmental subdivision for the operation of any private club at which alcoholic beverages are consumed or provided;
- (11) Any person or agent of a retail liquor package store;
- (12) Any person whose bail bondsman license has been revoked by the Insurance Commissioner;
- (13) Any person whose employment prohibits that person from being licensed as a bail bondsman;
- (14) Any district attorney, or assistant district attorney, or employee of a district attorney;
- (15) Any employee of the Department of Corrections

## **Bail Enforcement Licensing Disqualifiers**

In addition to those crimes specified in the Bail Enforcement and Licensing Act, the following is a list of additional crimes which may disqualify a person from obtaining or holding an unarmed or armed Bail Enforcer or Bail Enforcement Agency license:

1. Assault and Battery
2. Larceny (Petty or Grand)
3. Any sex offense
4. Any offense involving Controlled Dangerous Substances
5. Fraud
6. Extortion
7. Treason
8. Murder
9. Manslaughter
10. Forgery
11. Arson
12. Kidnapping
13. Perjury
14. Tax Evasion
15. Unauthorized use of a Motor Vehicle
16. Hijacking
17. Receiving or Possession of Stolen Property
18. Burglary
19. Smuggling contraband into a facility where prisoners are kept
20. Inciting or being involved with a riot
21. Any conviction of a civil rights violation
22. Desertion
23. Escape from jail, prison, or custody
24. Resisting Arrest
25. Assault or Assault and Battery upon Police Officer
26. False and Bogus Checks
27. Terrorist Activities
28. Assist in Suicide
29. An attempt to commit one of the above offenses.
30. Conspiracy to commit any of offenses listed herein
31. Accessory after the fact to any offenses listed herein
32. Entry of a Final Order of Protection against an applicant or Licensee

## APPLICANT CHECKLIST

If your application is incomplete, CLEET will process the payment (as required by state law) and send you a letter to the mailing address given on your application requesting any documents or fees not submitted be returned to our office within 30 days from the date of your letter. If requested documents or fees are not received within the 30 days your application will be considered incomplete and result in a denial. Should you choose to obtain licensure after that date you must resubmit a new application with fee.

- Completed application with all attachments, signatures and notarized where applicable (must be signed before a notary public and show the notary's commission number as well as date of expiration).
- All questions on page 2 must be answered. If you answer YES to any question on page 2 you must provide certified court documents, or a letter of no record for each arrest and/or charge.
- (2) Two legible fingerprint cards completed with all personal information.
- (2) Two current passport photographs. Your name must be written on the back of the photo for identification purposes. Paper/plastic photos and photos with sunglasses or hats will not be accepted. The photos must be secured to your application on page 1.
- Local Police and Sheriff Department Record Checks (this is the City and County in which you reside).
- Copy of Surety Bond or Certificate of Insurance.
- Completed Record Notification and Authorization, Mental Health and Substance Abuse forms.
- Documented proof of training and testing.
- You must send a Money Order or Cashier's Check made payable to CLEET in the amount required.  
NO CASH or PERSONAL CHECKS.
- Documentation of United States Citizenship (Affidavit of Lawful), or legal resident (copy of front and back of citizenship/employment authorization card or passport).
- Photograph of your business (home or office). Must be able to see street address.

Return complete application to: CLEET Private Security - 2401 Egypt Road - Ada, OK 74820-0669  
If you have any questions concerning these forms, or the application process, please contact our office at (405) 239-5164  
Monday through Friday, 8:00am to 5:00pm.

Print your name on the back of photos and attach here.

Passport size color photos.

**BAIL ENFORCER APPLICATION**

2401 Egypt Road  
 Ada, Ok 74820-0669  
 405-239-5110

Please complete each line. Enter N/A if line does not apply to you.  
 Fees must accompany application.

If your application is incomplete, CLEET will process the payment (as required by state law) and send you a letter to the mailing address given on your application requesting any documents or fees not submitted be returned to our office within 30 days from the date of your letter. If requested documents or fees are not received within the 30 days your application will be considered incomplete and result in a denial. Should you choose to obtain licensure after that date you must resubmit a new application with fee.

Have you every applied for a license with CLEET before? YES  NO

**TYPE OF LICENSE REQUESTED (CHECK ONE)**

- Unarmed Bail Enforcer
- Armed Bail enforcer

**COST**  
 \$341.00  
 \$441.00

**APPLICANT DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ United States Citizen :  Yes  No

(if no, attach verifiable documentation as described on check list)

**EMPLOYMENT INFORMATION – MUST BE COMPLETED – LIST LAST THREE EMPLOYERS**

<i>Employer</i>	<i>City</i>	<i>State</i>	<i>From</i>	<i>To</i>	<i>Position</i>

**ALL QUESTIONS MUST BE ANSWERED**  
**INCLUDE ADDITIONAL PAGE IF NECESSARY**

**CRIMINAL HISTORY INFORMATION – Initial that you have read each line**

**Initials**

Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition, appear on record returns from OSBI and FBI.

If you answer "Yes" to any of these questions, it will be necessary for you to provide certified documents showing the disposition of each case. If the court no longer has these records, you must obtain a letter from the court clerk stating so. CLEET may require you to provide additional court documents, if we determine that it is necessary to make a decision.

The **APPLICANT** is responsible for obtaining and providing **CERTIFIED COURT DOCUMENTS.** CLEET is **NOT** responsible for obtaining the needed documents.

If you leave out or provide false information about your criminal history, your application for a license may be denied and you may be charged with a crime under Title 59 of the Oklahoma Statutes.

1. Have you ever been arrested, charged, or cited for a crime as an adult, in Oklahoma or any other state?  
If yes, Date – City – State \_\_\_\_\_  
What Crime \_\_\_\_\_  YES  NO
2. Were you fingerprinted, photographed or booked into jail?  YES  NO
3. Did the prosecutor file charges against you?  
If "YES" make sure you include any court documents in your initial mailing.  YES  NO
4. Did you appear before the court to enter a plea?  
If "YES" indicate below the Plea you made to the court.  YES  NO  
 GUILTY  NOT GUILTY  NO CONTEST
5. What was the finding of the court?  
 GUILTY  NOT GUILTY  NO CONTEST

**No matter the outcome of the case, you must send certified court documents.**

6. Are you currently on probation or a deferred sentence?  YES  NO
7. Have you ever had any charge expunged by the court?  YES  NO

USE THIS SPACE FOR ADDITIONAL INFO or ADDITIONAL PAGE

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***Attach a copy of driver's license or identification card***

## Individual License History

Have you held a license as a Bail Enforcer (or similar title), Security Guard or Private Investigator in another State?  YES  NO

If yes:

Name State: \_\_\_\_\_

Type of License(s): \_\_\_\_\_

Active License:  YES  NO

Was License Suspended or Revoked?  YES  NO

Date of Suspension/Revocation: \_\_\_\_\_

If you answered yes a letter of GOOD STANDING is required from that State Licensing Agency.

## BOND/INSURANCE CERTIFICATION

- Attach proof of bond or insurance policy.
- Bonds/insurance policy cannot be modified or cancelled unless ten (10) days prior written is given to CLEET.
- You alone are responsible for obtaining and maintaining your own insurance/bond when you are self employed. This responsibility is not that of the insurance agency or agent. Failure to do so may result in disciplinary action including fines and revocation of license.

## OTHER QUALIFICATIONS

Answer the following questions. The information you provide may not disqualify you from obtaining a license, but may require that you provide additional documentation or submit to tests at your own expense to assist the Council in determining your suitability for a license.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are you currently undergoing treatment for mental illness, condition or disorder?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever been involuntarily committed to an OKLAHOMA state mental institution? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever been adjudicated as incompetent?                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you have a history of illegal drug usage?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have a history of alcohol abuse?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Have you ever been charged with an act of domestic violence?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Have you ever been convicted of violating a domestic violence order?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you ever been respondent/defendant in a Victims Protective Order?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Have you ever gone by another name?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, what were the names? \_\_\_\_\_

If you answered "Yes" to any above question, please provide date(s) of occurrence along with an explanation. Attach documentation if more space is needed.

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## LIST YOUR LAST THREE RESIDENCES (List most recent first)

Street	City	State	Zip	From	To

**Please complete each line. Enter N/A if line does not apply to you.**

List below any other name or names you have gone by:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_

Reason for change of name: \_\_\_\_\_  
\_\_\_\_\_

Dates known by this name: \_\_\_\_\_ to \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_

Reason for change of name: \_\_\_\_\_  
\_\_\_\_\_

Dates known by this name: \_\_\_\_\_ to \_\_\_\_\_

### **Bail Enforcement Record Storage**

This address is where your Bail Enforcer records are kept. Please note that, pursuant to statute, this address will be available to the public, even if it is your residence. Provide a photograph of the front of the building to aid CLEET in locating your office/residence. (If the address should be changed we require a change of address and a new photograph of your office/residence.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number must be registered to the address given above:

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Additional phone number: (\_\_\_\_\_) \_\_\_\_\_

### **MMPI (Psychological Evaluation)**

A psychological evaluation must be completed and returned to CLEET by the Oklahoma licensed psychologist who administers the test on the CLEET provided form. The results of the psychological evaluation can only be used for up to six (6) months from the date of evaluation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date



**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

\_\_\_\_\_, SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ SEX: \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Print full name including middle initial)

authorizes the Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) any and all information concerning whether I have ever been involuntarily committed to an Oklahoma State Mental Institution or home. This authorization is given as part of my CLEET application for Bail Enforcer License.

This consent shall expire upon notification from CLEET that I (applicant) am approved to receive a bail enforcer license.

I hereby acknowledge that this consent for the release of information is given freely and voluntarily. I understand that I may revoke the consent in writing at any time unless action has already been taken based upon it, and in any event this consent expires in ninety (90) days from the date of signing or upon conditions described above, unless a longer period has been specified.

**THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENereal DISEASE WHICH MAY INCLUDE BUT NOT LIMITED TO DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFECIENCY VIRUS, ALSO KNOWN AS AQUIRED IMUNE DEFICIENCY SYNDROME (AIDS). {63 O.S. 1-1502} [b]**

**Notice to individuals or entities releasing alcohol and drug abuse treatment records:**

State law requires the Council on Law Enforcement Education and Training to submit my name, gender, date of birth and address to the Department of Mental Health and Substance Abuse Services. The Department of Mental health and Substance Abuse Services shall respond to the Council within ten (10) days whether the computerized records of the Department indicate that I have ever been involuntarily committed to an Oklahoma State mental institution.

There shall be a statement in **BOLD** face, stamped upon each page of the information release stating, **"THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR Part 2). The federal rules prohibit you from making any authorization for release of medical or other information NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient"**.

\_\_\_\_\_  
Signature of CLEET applicant

\_\_\_\_\_  
Date

**Record Notification and Authorization:**

**Initials**

- \_\_\_\_\_ I understand that my fingerprints will be used to check the criminal records of the OSBI & FBI.
- \_\_\_\_\_ I will be provided the opportunity to complete, or challenge the accuracy of any criminal history information found.
- \_\_\_\_\_ If there is a criminal history in question I will be given the opportunity to change, correct or update any information by notifying the appropriate arresting agency or court clerk.
- \_\_\_\_\_ I understand if I do not reply to any letter received from CLEET Private Security within 30 days , my application for licensure cannot be processed and will ultimately be denied for Failure to Provide Background Information according to O.A.C. 390:60-5-1
- \_\_\_\_\_ I as the applicant hereby authorize CLEET to release to me any criminal findings from the FBI fingerprint return.

\_\_\_\_\_  
Printed Name of CLEET applicant

\_\_\_\_\_  
Signature of CLEET applicant Date

Council on Law Enforcement Education and Training  
2401 Egypt Road – Ada, OK 74820

**Affidavit Verifying Lawful Presence in the United States of America**

Effective 11/1/2007 all natural persons fourteen (14) years of age or older and present in the United States, applying for a license (new or renewal) or certification with CLEET are required, by the provisions of 56 O.S. Supp 2077 Section 71, to provide CLEET with verification of lawful presence in the United States by executing an Affidavit before a notary. Please complete the following affidavit. Select one of the options by placing your initials on the line in front of the appropriate option, have the form notarized and return to the address on the top of this form.

**Notice:** Any person who knowingly and willfully makes a false, fictitious or fraudulent statement of representation in this affidavit shall be subject to criminal penalties in 56 O.S. Supp 2077 Section 71

**Affidavit of:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
(Print or type Applicant's Full Name)

STATE OF OKLAHOMA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon oath sates, under penalty of perjury,  
Applicant's Name as follows:

(Initial ONE Option Below)

\_\_\_\_\_ **Option 1 – Verification of Citizenship:** I am a United States Citizen.

\_\_\_\_\_ **Option 2 – Affidavit Verifying Qualified Alien Status:** I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. For verification purposes, the U.S. Citizenship and Immigration service's requires the I-94 Number and Alien Number. Please list your number(s) below.

I-94 Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant

X Last Four SS#: \_\_\_\_\_

FOR NOTARY USE ONLY

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Notary Public

(Seal)

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**Council on Law Enforcement Education and Training**

2401 Egypt Road – Ada, OK 74820-0669

(405) 239-5110 or fax (405) 239-5182

**Record Request Form**

This form cannot be accepted if it is completed by the municipal (city) court clerk or district (county) court clerk.

Request By: Council on Law Enforcement Education and Training

Purpose of Request:  State License for Unarmed Bail Enforcer  
 State License for Armed Bail Enforcer

**INFORMATION FOR SEARCH:**

Applicant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Attention Local Law Enforcement Officials:**

The above named applicant is applying for the State License indicated under the provisions of the Bail Enforcer Act, Title 59, O.S. 1350.1 et. seq. Because this applicant resides in your city or county, a criminal records check is needed prior to licensing. Please complete the following information:

- No record with the department (**local records only**)
- Copy of record attached
- The following information is from the files of this department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the complete name of your agency.

**Instructions:** The purpose of the local records check is to ascertain an accurate background as possible. Oklahoma residents, who have resided at their current address for more than ninety (90) days, are required to provide two record check forms, one from your local police department and one from the sheriff's office in your jurisdiction of residence. If you do not live in a police jurisdiction, have the sheriff's office note they are the "keeper of records" for your area of residence (specify area). Oklahoma residents, who have resided at your current address for less than ninety (90) days, are required to provide records checks from your current police department and sheriff's office and your previous police department and sheriff's office. If you have lived in Oklahoma for less than six (6) months, are required to provide records checks from your current police department and sheriff's office (in Oklahoma) and your previous police department and sheriff's office (from your previous state of residency). There are two options for non-resident applicants to obtain the records checks: 1) obtain a local record check from your police department and sheriff's office or 2) obtain a record check from the agency in your state that keeps the state's criminal records. (Example: Kansas Bureau of Investigation)

**Council on Law Enforcement Education and Training**

2401 Egypt Road – Ada, OK 74820-0669

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the complete name of your agency.

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COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
NOTIFICATION OF BOND COVERAGE BY CARRIER

Bail Enforcement  
NOTICE TO INSURANCE/BOND COMPANIES

Statutory requirements: Title 59, Oklahoma Statutes § 1350 et. seq.

- J. 1. All persons shall obtain and maintain liability coverage in accordance with the following minimum standards:
- a. General liability insurance coverage for bodily injury, personal injury, and property damage, with endorsements for personal injury including false arrest, libel, slander, and invasion of privacy, or
  - b. A surety bond that allows persons to recover for actionable injuries, loss, or damage as a result of the willful, or wrongful acts or omissions of the principal and protects this state, its agents, officers and employees from judgments against the principal or insured licensee, and is further conditioned upon the faithful and honest conduct of the principal's business.

**KNOW ALL MEN BY THESE PRESENTS :**

Bond Number: \_\_\_\_\_

That we, \_\_\_\_\_, as Principal and \_\_\_\_\_, as Surety, are authorized to conduct business in the State of Oklahoma, are firmly bound unto the State of Oklahoma in the just sum of:

\$ 10,000.00

for the payment of which, well and truly to be made, we bond ourselves, our heirs, executor, and administrators, each and every one of them, jointly and severally, firmly by these presents.

The condition of this obligation is such that whereas the above bound Principal has made application to do business in the State of Oklahoma under the provisions of Title 59, Oklahoma Statutes, Section 1350 et. seq. as a licensed:

Unarmed bail enforcer

Armed bail enforcer

and will comply with all the laws governing said license. It is a further condition that the Principal and Surety shall indemnify the State of Oklahoma or any person for any judgment against same resulting from any wrongful act or omission, whether intentional or negligent, that arose in the course of business as a Bail Enforcer, or resulting from any violations of the laws of the State of Oklahoma.

It is further understood and agreed that this bond meets the standards outlined in O.S. 59 § 1350 above and is for the following period,

Beginning date: \_\_\_\_\_ and Ending date: \_\_\_\_\_ unless continued by a renewal certificate. This bond may be canceled as to future liability by Surety giving ten (10) days written notice to the Council on Law Enforcement Education and Training. The Surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond or number of years the bond remains in force.

Witness our hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Oklahoma Insurance License Number

\_\_\_\_\_  
Surety

*Attach Original Power of Attorney*

By: \_\_\_\_\_  
Attorney-in-Fact

Agents Name (Please Print): \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

NOTIFICATION OF INSURANCE COVERAGE BY CARRIER

Bail Enforcement  
NOTICE TO INSURANCE COMPANIES

Statutory requirements: Title 59, Oklahoma Statutes § 1350et. seq.

J. 1. All persons shall obtain and maintain liability coverage in accordance with the following minimum standards:

a. General liability insurance coverage for bodily injury, personal injury, and property damage, with endorsements for personal injury including false arrest, libel, slander, and invasion of privacy, or

b. A surety bond that allows persons to recover for actionable injuries, loss, or damage as a result of the willful, or wrongful acts or omissions of the principal and protects this state, its agents, officers and employees from judgments against the principal or insured licensee, and is further conditioned upon the faithful and honest conduct of the principal's business.

Name of the Insured: \_\_\_\_\_

This policy Includes:  Unarmed bail enforcer  
 Armed bail enforcer

Amount of coverage:  \$ 10,000.00

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ OK Insurance License #: \_\_\_\_\_

Company affording coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_

✓ *Attach Proof of Insurance such as a copy of the Accord Form, or policy detailing policy limits, coverage and amounts.*

I have read the statutory requirements described above and certify that this policy meets the minimum standards required by the State of Oklahoma for liability insurance.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

Sworn and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_