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IN THE EIGHTEENTH JUDICIAL DISTRICT DISTRICT COURT, SEDGWICK COUNTY, KANSAS COMMERCIAL SURETY APPLICATION

Application Date:			
Application Type (Check One):			
Insurance Agent Bondsman (Letter of Credit) Bondsman Agent			
Full Name	Date of Birth		
(include maiden name)			
Social Security	Driver's License		
Number	Number		
Business	Office phone		
Address			
City, State, Zip	Mobile Phone		
Business Name	Phone # for Sheriff Booking		
Email Address	Fax Number		
Are you a citizen of the United States? Yes No Have you been convicted, in this or any other jurisdiction of any felony, or within the preceding 10 years of any misdemeanor involving violence, dishonesty or deceit, or moral turpitude?			
Insurance Agent: List of authorized insurance companies for whom appearance bonds are written along with mailing address, email address,			
and phone number of contact person at the insurance company			
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Bondsman (Letter of Credit): List all Bondsman or Bondsman Agents authorized to issue appearance bonds under your letter of credit, the business name under which each is authorized to issue bonds, and the maximum authorized for an individual bond. Provide mailing and email address, and phone number for each.			
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Bondsman Agent: List each Bondsman on whose behalf you are authorized to issue bonds and the maximum amount authorized for an individual bond. Provide mailing and email address, and phone number for each.		
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Attach additional page(s) if necessary to fully answer any of the above.

I state that I have read Rule 303, Eighteenth Judicial District, District Court, Sedgwick County, Kansas, regarding Bondsmen Rules and Procedures. I understand the provisions of said Rule and agree to abide by its terms as a condition of issuing appearance bonds in the Eighteenth Judicial District.

Has any contact information set out above changed since the last application or report was filed on your behalf? Yes No

If yes, what were the changes:

I further state under penalty of perjury that the foregoing is true and correct. Executed on the _____

day of _____, 20___.

Signature of Applicant