

Licensure fee (\$175): \_\_\_\_\_ & CHRC fee (\$57 – if applicable, see below): \_\_\_\_\_

**STATE OF KANSAS:  
OFFICE OF ATTORNEY GENERAL DEREK SCHMIDT**

**BAIL ENFORCEMENT AGENT LICENSING ACT, K.S.A. 75-7e01 *et seq.***

**RENEWAL APPLICATION**

*This renewal application (“Renewal”) is submitted under oath and must be signed in the presence of a notary public. Knowingly providing false or incomplete information on this Renewal or any accompanying documents may result in the denial of a BEA license, and may subject the Applicant to criminal prosecution.*

**Part I: Introduction and Instructions**

A “bail enforcement agent” means a, “. . . person not performing the duties of a law enforcement officer who tracks down, captures and surrenders to the custody of a court a fugitive who has violated a surety or bail bond agreement, commonly referred to as a bounty hunter.” *For purposes of this application, a “bail enforcement agent” will be referred to as a “BEA.”*

A “surety” is a “person or commercial surety, other than a criminal defendant in a criminal proceeding, that guarantees the appearance of a defendant in a criminal proceeding, by executing an appearance bond.”

A “bail agent” is a “person authorized by a surety to execute surety bail bonds on [the surety’s] behalf.”

Exemptions: A person who is a “surety” or a “bail agent” **is not** considered to be engaging in the business of a BEA (even if they engage in conduct that would otherwise classify them as a BEA). Other exemptions from required licensure are found under K.S.A. 22-2809a, as amended by the BEA Licensing act (BEALA), K.S.A. 2017 Supp. 75-7e01 *et seq.* See link below for language of the BEALA.

**Check one of the following:**

- I plan to engage in Kansas as an *independent* BEA.
- I plan to engage in Kansas as a BEA but will solely be associated with the following surety/bail agent(s) (please list all known): \_\_\_\_\_  
\_\_\_\_\_

This Renewal **must** be completed in its entirety **by any** person who intends to renew as a BEA in Kansas. Any incomplete Renewal will not be processed until all required materials and fees have been accounted for by the Office of the Attorney General (OAG hereinafter).

This Renewal will be processed as quickly as possible from its date of receipt. However, delays in getting records from outside agencies can affect that timeline. *Expect at least* a 30 day processing period but if you have not heard from the BEA licensing unit (BEALU) within 60 days of submitting your Renewal, please call the BEALU at (785) 296-4240 and staff will assist you.

**In addition to your completed Renewal itself, the following items must be submitted:**

- Any updates to the applicant's Employment History (whether or not that employment history involved being a BEA prior to July 1, 2016).
- *If last submitted more than **four** years ago:* Two 2" x 2" frontal view (**head & shoulders, no sunglasses or hats**), passport-sized, color photographs of the applicant taken within the 30 days preceding renewal application.
- Photocopy of: (A) the applicant's driver's license or other government-issued identification card from the applicant's state of residence; (B) any new BEA authorizations issued to the applicant by another jurisdiction since first licensed with Kansas as a BEA; and (C) any lapsed, expired or encumbered BEA authorizations from another jurisdiction.
- *If last submitted more than **four** years ago - one* completed applicant (blue) fingerprint card. By regulation, fingerprints must be taken by an officer or employee of a federal, state or municipal law enforcement agency. Please note that the law enforcement agency may charge the applicant an additional fee for taking the fingerprints. That fingerprinting fee is **not** included in any of the licensure or criminal history fees noted below. **The attached "Waiver Agreement and Statement" must be fully completed at the time of fingerprinting and the original pages with signatures shall be submitted with the fingerprint card.**
- **EVEN IF EXPUNGED**, a **complete** statement of the applicant's criminal history from Kansas or elsewhere, if any. Please note, expunged criminal history will not be held against the applicant but, by Kansas law, that expunged history must be disclosed.
- Applicable Fees: Submit a personal check, money order or cashier's check made payable to the "Office of the Kansas Attorney General." **Fees submitted with an application are non-refundable.** Fees which must be submitted with this Renewal are as follows:
  - \$175.00 renewal licensure fee (less \$15.00 **if** the materials fee was previously paid by applicant);
  - \$57.00 for a new state and national background check fee (**if** this fee was last submitted more than four years ago).

**Certificates and Identification Cards:**

Upon approval of this Renewal, a license certificate and pocket identification card will be mailed to you. The license and card will be valid for two years from the date of issuance so the license will need to be renewed again every two years thereafter.

The following statutes and regulations pertaining to the BEALA are posted on the OAG website at [www.ag.ks.gov/licensing/bail-enforcement-agents](http://www.ag.ks.gov/licensing/bail-enforcement-agents).

- The BEALA, K.S.A. 75-7e01 *et seq.*
- Kansas Administrative Regulations, (K.A.R 16-15-1 through 16-15-4)

Please direct questions regarding BEA licensing to the OAG at (785) 296-4240, or email [general@ag.ks.gov](mailto:general@ag.ks.gov) or to the address below.

**Mail completed renewal application and all attachments to the BEALU:** Office of the Attorney General, Attn: Bail Enforcement Agent Licensing, Office of the Attorney General, 120 SW 10<sup>th</sup> Ave., Topeka, Kansas 66612-1597. If hand-delivering a Renewal, the **walk-in only** address is 900 SW Jackson, Ste. 503, Topeka, KS, 66612.

**Part II: Applicant Information**

**1. Name of Applicant:** \_\_\_\_\_  
(Last Name, First Name, Middle Name)

Maiden name(s) and/or any alias names used: \_\_\_\_\_  
\_\_\_\_\_

**2. Name under which you intend to do business:**

\_\_\_\_\_

(a) Street address of business: \_\_\_\_\_  
(street number, city, state & zip code)  
\_\_\_\_\_

(b) Business mailing address if different than (a): \_\_\_\_\_  
\_\_\_\_\_

(c) Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(d) Business social media accounts (i.e., Facebook, Twitter)? \_\_\_\_\_  
\_\_\_\_\_

(e) Applicant residence address: \_\_\_\_\_

(f) Home telephone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- (g) Cell: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

*For the purposes of paragraphs 3 through 7 below, if the applicant answers yes to any of the questions asked, they are to provide a separate attachment to this application which explains why they answered yes to that question. Any response shall include relevant information such as identifying: any jurisdiction where a license, authorization or matter asked about is pending; case numbers; general substance of the complaint, discipline or encumbrance (whether administrative, civil, or criminal in nature); the relationship of the applicant to persons protected by a domestic protection order; and/or proof of lawful residence. Some answers may require submission of more information than is noted here.*

**3. Background Considerations:**

(a) Have you ever had a license or authorization as a BEA (or similar title) issued by another jurisdiction?  
(See, K.A.R. § 16-15-1 for definitions of authorization and jurisdiction)

Yes  No

*If you answered yes please also identify when the license/authorization was issued & whether it is*

*still active and valid.*

- (b) Have you had a current or prior BEA license or authorization from another jurisdiction disciplined or “encumbered” in any manner? (*See, K.A.R. § 16-15-1 (definitions); 16-15-2 (general rule)*)  Yes  No
- (c) Have you ever been denied or otherwise refused a BEA license in this state or similar authorization from another jurisdiction?  Yes  No
- (d) Regarding any professional or occupational license, to your knowledge have you ever been the subject of any complaint (whether administrative, civil, or criminal) that was filed in this or any other jurisdiction?  Yes  No
- (e) Have you ever violated the provisions of K.S.A. 22-2809a?  Yes  No
- (f) Are you subject to a domestic protection order which meets the criteria of 18 USC 922(g)(8)?  Yes  No
- (g) Are you subject to a temporary domestic protection order that has been filed by an intimate partner?  Yes  No

*An “intimate partner” means, with respect to a person, the spouse of the person, a former spouse of the person, an individual who is a parent of a child of the person, and an individual who cohabitates or has cohabited with the person.*

- (h) Have you previously violated any provision of the BEALA?  Yes  No

#### **4. Other Personal Identification:**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/year)

Social Security Number\*: \_\_\_\_\_

*\*Providing your SSN is voluntary, but it is requested pursuant to K.S.A.74-139 and 74-148 and may be provided to the Kansas Director of Taxation for tax purposes and/or the Department of Social and Rehabilitation Services for child support purposes.*

Are you a citizen of the United States?  Yes  No

If not a citizen, are you legally present in the United States?  Yes  No

*Please supply proof of lawful residence if not a U.S. citizen.*

#### **5. Mental health, Alcohol or Substance Issues:**

Have you become subject to proceedings under K.S.A. 59-2945 et seq. (mentally ill person subject to commitment for care and treatment) or K.S.A. 59-29b45 et seq. (person with an alcohol or any substance abuse problem subject to commitment for care and treatment), or a similar proceeding in another jurisdiction?

Yes  No

*If you answered yes to the mental health question, please attach a separate sheet of paper and explain, in detail: the condition or impairment; the jurisdiction where such proceedings are being held; the name and address of any doctor, treatment facility, or other professional or care provider who treated your condition or impairment; and the dates any such proceeding began.*

## 6. Law Enforcement

(a) Are you currently a law enforcement officer with any federal, state or local law enforcement agency?

Yes  No

(b) Do you currently hold a special commission from any federal, state or local law enforcement?

Yes  No

*“Special Commission” refers to any type of identification issued by a law enforcement agency or law enforcement officer which grants any temporary or permanent law enforcement authority to make arrests or maintain the public peace.*

## 7. Criminal History

(a) Even if expunged from your criminal history, have you ever been convicted in any court of a felony?

Yes  No

*Kansas law **requires** disclosure of all expunged crimes. See, HB 2056, §§ 3, 12-13)*

(b) Even if expunged, within the past ten (10) years have you ever been **convicted of any crime**, including DUI, in Kansas or any other jurisdiction?

Yes  No

(c) Are you currently under charge, information, indictment or any other criminal charge?

Yes  No

*If you answered yes to any question posed by this Criminal History section, please provide an explanation of the following: the original charge(s); the title of court (e.g., “Municipal Court of \_\_\_\_\_” or “District Court of \_\_\_\_\_”); amended charges (if any); and any final disposition information. Provide copies of court documents which show the above information.*

*Also, with the above information, include a statement as the reasons why you believe any non-expunged conviction(s) should not preclude you from being licensed as a BEA.*

**8. Employment History:**

List current employer and previous employers for the past 10 years not including employment prior to age 18 (including military service) in reverse chronological order. (Use additional page(s) if necessary.)

(a) CURRENT EMPLOYER: \_\_\_\_\_ Full or Part Time \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
(beginning month/year - ending month/year)  
Occupation: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

(b) PRIOR EMPLOYER: \_\_\_\_\_ Full or Part Time \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
(beginning month/year - ending month/year)  
Occupation: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

(c) PRIOR EMPLOYER: \_\_\_\_\_ Full or Part Time \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
(beginning month/year - ending month/year)  
Occupation: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\*If more pages are necessary to complete your employment history, please affix additional pages and include all of the information noted above for each additional history.

**RELEASE OF RECORDS  
AND OTHER INFORMATION**

**All applicants must sign this "Release"**

For the purpose of the Bail Enforcement Agent Licensing Act, I hereby authorize any former or present employer, school official and any other person to release any information or records concerning my employment, character, integrity, education completion and any other information pertaining to my application for a bail enforcement agent or upon licensure, in relation to a complaint, to any representative of the Attorney General's Office or Special Agent or Special Investigator of the Kansas Bureau of Investigation

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_

# SWORN STATEMENT

(Must be signed before a Notary Public)

I, \_\_\_\_\_, of lawful age, being first duly sworn, on my oath, state  
(print applicant name)

that I am the applicant herein seeking licensure as a bail enforcement agent in Kansas and I have read and examined the statements made in the above and forgoing application, including all statements made in any accompanying papers, and that the information contained herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

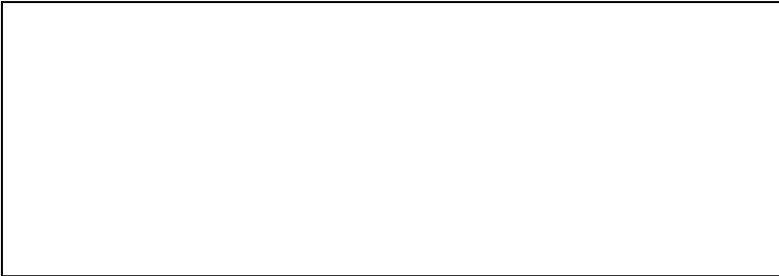
\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_



**SIGNATURE OF APPLICANT**

**For purposes of affixing to the BEA pocket card, the applicant shall provide a large signature in the box below:**

A large, empty rectangular box with a thin black border, intended for the applicant to provide a large signature. The box is centered horizontally and occupies a significant portion of the page's width.

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) Office of the Kansas Attorney General to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

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**FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System

(Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information** (CHRI) to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division  
Attn: Criminal History Analysis Team 1  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

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I have \_\_\_\_ **OR** have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

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Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

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Signature

Date

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Printed Name

Date of Birth\_\_

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Residential Address

City

State

Zip

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**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:

Driver's License

State Issued ID Card

Military ID Card

State/Branch: \_\_\_\_\_

ID Number: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

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***AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.  
2. Must provide a copy to the applicant.***