

## **BAIL BOND RUNNER INFORMATION**

(SDCL Ch. 58-22)

All bail bond runners must meet the following qualifications:

1. Individuals only are to be licensed. (SDCL 58-22-12)
2. Must be a citizen of the United States. (SDCL 58-22-12)
3. Must be at least 21 years of age. (SDCL 58-22-12)
4. Must have resided in the state of South Dakota for the preceding year. (SDCL 58-22-12).
5. Each appointing bail bondsperson is obligated to supervise the applicant's activity, and be responsible for applicant's conduct. (SDCL 58-22-12)
6. Applicant has not been convicted of, nor has pled guilty or nolo contendere to, a felony or any crime involving moral turpitude. (SDCL 58-22-12)
7. Must authorize the completion of a State and Federal background check and pay any associated costs. (58-22-14)

The following persons or classes **may not be bail bondspersons or runners** and may not directly or indirectly receive any benefits from the execution of any bail bond: jailers, police officers, committing magistrates, magistrate court judges, sheriffs, deputy sheriffs and constables, or any person having the power to arrest or having anything to do with the control of federal, state, county or municipal prisoners. (SDCL 58-22-3)

### **DEFINITION OF "RUNNER"**

"Runner" shall mean a person employed by a bail bondsperson for the purpose of assisting the bail bondsperson in presenting the defendant in the court when required or to assist in apprehension and surrender of defendant to the court, or keeping defendant under necessary surveillance. Anyone performing these activities must be licensed as a runner or bail bondsperson.

### **APPLICATION FOR LICENSE BY BAIL BONDSPERSON FOR RUNNER**

A **bail bondsperson** must submit the bail bond runner's application materials as follows:

1. Bail bond runner application and \$30.00 application fee. (SDCL 58-22-13)
2. Credential size, full face photograph of applicant. (SDCL 58-22-13)
3. Fingerprint cards, completed for applicant by law enforcement personnel. (SDCL 58-22-13)  
Blank fingerprint cards for both the State and Federal background check must be obtained from the Division of Insurance.
4. Authorization and release form and check or money order in the amount of \$43.25 made payable to "SD Division of Criminal Investigations." (SDCL 58-22-14)  
Additional information on State and Federal background checks is available at <http://atg.sd.gov/lawenforcement/identification/statefbibgcheck.aspx>.
5. Additionally, an appointment form, properly completed by the licensed bondsperson employing the applicant, must be submitted along with a \$10.00 appointment fee. (SDCL 58-22-49) Please note that if the runner ever loses all appointments, the runner's license is automatically terminated. (SDCL 58-22-19)

## **EXAMINATION**

The applicant must pass an examination. In the event of failure, applicants must wait one year before re-examination. (SDCL 58-22-16 & 58-22-18)

For examination information and registration, contact the Division's examination vendor:

**Pearson VUE**

**<https://home.pearsonvue.com/Clients/South-dakota-insurance.aspx>**

**888.873.6205**

Suggested study materials: South Dakota Codified Laws Ch. 58-22, the Bail Bonds Content Outline available as a download from Pearson VUE, a bond manual from the insurer and a bail bond policy.

## **ADDITIONAL INFORMATION**

Each licensed bail bondsperson shall, on or before May 1 of each year, furnish to the Director a list of all runners appointed accompanied by a \$10 reappointment fee for each runner. Notice shall also be given to the Director of each appointment of additional persons or runners subsequent to the filing of the list. (SDCL 58-22-27 and 58-22-52)

All terminations of runner appointments shall be given to the Director and the runner. The notice to the Director shall state the reasons for the termination and statement that notice has been given to the runner. (SDCL 58-22-28)

Any person holding a license under SDCL Ch. 58-22 shall notify the Division of Insurance of a conviction or plea of guilty or nolo contendere to a felony or a crime of moral turpitude within 20 days of the conviction or plea. (SDCL 58-22-50)

**DIVISION OF INSURANCE**

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501  
Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

**APPLICATION FOR LICENSE AS A BAIL BOND RUNNER**

1. Full name of applicant: \_\_\_\_\_  
FIRST MIDDLE LAST

Resident address: \_\_\_\_\_  
STREET/PHYSICAL ADDRESS CITY STATE ZIP CODE

Residence past six months: \_\_\_\_\_  
STREET/PHYSICAL ADDRESS CITY STATE ZIP CODE

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_  
WHERE YOU WILL CONDUCT BUSINESS - STREET/PHYSICAL ADDRESS CITY STATE ZIP CODE

Mailing address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP CODE

Date of Birth: \_\_\_\_\_  
(FOR ID PURPOSES ONLY)

Social Security #: \_\_\_\_\_  
(RECORDS ARE ON COMPUTER BY THIS # AND ARE USED FOR ID PURPOSES ONLY)

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No

3. How long have you been a bona fide resident of the state of South Dakota? \_\_\_\_\_

4. Have you at any time been licensed as an insurance agent, bail bondsperson or runner in South Dakota?  
\_\_\_\_ Yes \_\_\_\_ No If yes, list dates: \_\_\_\_\_

Have you at any time been licensed as an insurance agent, bail bondsperson or runner in any other state?  
\_\_\_\_ Yes \_\_\_\_ No If yes, list each state and dates of licensure: \_\_\_\_\_

5. Have you ever been denied an insurance, bail bonds or runner license, or has your license been suspended or revoked by any state agency? \_\_\_\_ Yes \_\_\_\_ No If yes, list state(s), date(s), and cause(s). \_\_\_\_\_

6. Have you ever surrendered your license, whether voluntary or involuntary? \_\_\_\_ Yes \_\_\_\_ No If yes, provide a detailed explanation. \_\_\_\_\_

7. Have you ever been or are you currently the subject of any investigation or administrative action by any state agency? This would include Notice of Hearing, Consent Orders, Stipulation of Facts, and payment of any fines. \_\_\_\_ Yes \_\_\_\_ No. If yes, list state(s), date(s), and causes. Use a separate sheet of paper.

8. Has any insurance company terminated your contract for cause? \_\_\_\_ Yes \_\_\_\_ No If yes, give a detailed explanation on a separate sheet of paper.

9. Do you intend to actively engage in the bail bonds business? \_\_\_\_ Yes \_\_\_\_ No

10. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? ("Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.)  
\_\_\_\_Yes \_\_\_\_No

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

11. Are you presently serving as a jailer, police officer, committing magistrate, justice of the peace, municipal or magistrate court judge, sheriff, deputy sheriff, or constable? \_\_\_\_Yes \_\_\_\_No

12. Do you have power to arrest? \_\_\_\_Yes \_\_\_\_No

13. Do you have anything to do with the control of Federal, State, County or Municipal prisoners? \_\_\_\_Yes \_\_\_\_No

14. Give a brief resume of experience or instruction received in the bail bond business (attach a separate sheet of paper if necessary): \_\_\_\_\_  
\_\_\_\_\_

15. Have you read and do you understand the provisions of the Bail Bondsperson Law which apply to the class of license for which you are applying? \_\_\_\_Yes \_\_\_\_No

I, as applicant, attest and swear that the above information is true and correct and understand that if I willfully withhold or misrepresent any factor information called for in the application form it is a Class 2 misdemeanor and could constitute grounds for revocation of my bail bonds license.

EACH BAIL BONDS RUNNER IS REQUIRED TO KEEP THE DIVISION OF INSURANCE INFORMED OF THEIR CURRENT RESIDENCE, BUSINESS AND MAILING ADDRESS OR ANY CHANGE THEREOF. FAILURE TO INFORM THE DIVISION COULD RESULT IN NON-RENEWAL OF YOUR BAIL BONDS RUNNER LICENSE.

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SUPERVISING BAIL BONDSPERSON

\_\_\_\_\_  
SUPERVISING BAIL BONDSPERSON LICENSE NUMBER

Subscribed and sworn to before me, a Notary Public, in and for the county of \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
TYPED/PRINTED NAME OF NOTARY

My Commission expires \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to the South Dakota Division of Insurance any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released even though this record is designated as "nonpublic" under the provisions of SDCL 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to the South Dakota Division of Insurance, I, \_\_\_\_\_, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_