



Division of Insurance  
Tel: 605.773.3563  
Fax: 605.773.5369  
[www.dlr.sd.gov/insurance](http://www.dlr.sd.gov/insurance)

**BAIL BOND RUNNER APPOINTMENT FORM**  
**(Completed by Bail Bondspersons Appointing Runners)**  
**Please submit a fee of \$10.00 per appointment**

I hereby apply for the following runners:

LAST NAME: _____	FIRST NAME: _____	MIDDLE INITIAL: _____
SSN#: _____ - _____ - _____	RUNNER LICENSE #: _____	
LAST NAME: _____	FIRST NAME: _____	MIDDLE INITIAL: _____
SSN#: _____ - _____ - _____	RUNNER LICENSE #: _____	
LAST NAME: _____	FIRST NAME: _____	MIDDLE INITIAL: _____
SSN#: _____ - _____ - _____	RUNNER LICENSE #: _____	

I understand that:

- On or before May 1 of each year, I must furnish to the Director a list of all runners appointed accompanied by a \$10 reappointment fee for each runner. I must give notice 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)
- If I terminate any of the above runner appointments, I must give notice to the Director and the runner. The notice to the Director will state the reasons for the termination and statement that notice has been given to the runner. (SDCL 58-22-28)

\_\_\_\_\_  
Bail Bondsperson Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bail Bondsperson Printed Name

\_\_\_\_\_  
License #