

ALLEGAN COUNTY BOND AGENT APPLICATION AND AFFIDAVIT

Pursuant to MCL 750.167b(4), we respectfully submit _____
be added to the list of persons engaged in the business of becoming surety upon bonds for
compensation in criminal cases in the County of Allegan.

APPLICATION

- 1. Applicant's Full Name: _____
- 2. Applicant's Date of Birth: _____
- 3. Applicant's Driver's License State and Number: _____
- 4. Agency Name: _____
- 5. Agency License ID Number: _____
- 6. Business Telephone Number: _____
- 7. Mailing Address for Official Communications: _____

- 8. Email Address for Official Communications: _____

AFFIDAVIT

I, the undersigned applicant, being duly sworn, hereby attest that the statements made on this
form are true. I shall promptly notify the court in writing of any change of information contained
in this application.

Printed Name of Applicant

Dated: _____

Signature of Applicant

Subscribed and sworn to before me on (date) _____, _____ County,
Michigan. My commission expires (date) _____.

Signature: _____

Notary public, State of Michigan, County of _____.