

**State of Colorado
Division of Insurance
1560 Broadway, Suite 850
Denver, Colorado 80202
303-894-7499**

**APPLICATION FOR APPROVAL OF BAIL BONDING AGENT
PRELICENSURE EDUCATION COURSE OR PROGRAM**

The provider named below requests approval of the general outline of training attached and requests that the listed hours be approved for meeting bail bonding agent prelicensure education requirements.

Education or training shall consist of:
(check courses in program)

<input type="checkbox"/>	Criminal Court System	2 hours
<input type="checkbox"/>	Bail Bond Industry Ethics	2 hours
<input type="checkbox"/>	Laws Relating to Bail Bonds	4 hours

Type of education or training program:
(check as appropriate)

<input type="checkbox"/>	Correspondence Course
<input type="checkbox"/>	Seminar
<input type="checkbox"/>	Classroom
<input type="checkbox"/>	Other (Please explain below)
<hr/>	

<hr/> Name of Provider <i>(This name must show on every Certificate of Completion of Prelicensure Education for Bail Bonding Agents)</i>	<hr/> Name of Instructor
<hr/> Date Submitted	<hr/> Address
<hr/> Contact Person	<hr/> Phone

DIVISION USE ONLY <input type="checkbox"/> PROGRAM APPROVED <input type="checkbox"/> PROGRAM DENIED <input type="checkbox"/> DATE APPROVED <input type="checkbox"/> APPROVING OFFICIAL
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CERTIFICATE OF COMPLETION

This is to Certify that: _____ Social Security Number:

_____ has successfully completed Bail Bonding Agent Prelicensure Education as follows:

(check as appropriate)

_____	THE CRIMINAL COURT SYSTEM	2 HOURS
_____	BAIL BOND INDUSTRY ETHICS	2 HOURS
_____	LAWS RELATING TO BAIL BONDS	4 HOURS

Provider

Name of Instructor

Signature of Instructor

Course Number
(As assigned by the Division of Insurance)

Date of Completion

This form is to be furnished IN DUPLICATE by the provider to each individual who has successfully completed a course approved by the Division of Insurance for bail bonding agent prelicensure education.

DOI BB CC (5/95)

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REGISTRATION OF BAIL RECOVERY TRAINING

The provider named below registers the following Bail Recovery Training Program.

Education or training shall consist of:
(check as appropriate)

- _____ Introduction to Bail Recovery 3 hours
- _____ Principles of Criminal Culpability 3 hours
- _____ Colorado Criminal Code 6 hours
- _____ Firearms and Weapons 2 hours
- _____ Seizure – Entry 2 hours

Type of education or training:
(check as appropriate)

- _____ Correspondence Course
- _____ Seminar
- _____ Classroom
- _____ Other (Please explain below)

_____ Name of Provider <i>(This name must show on every Certificate of Completion of Bail Recovery Training)</i>	_____ Name of Instructor
_____ Date Submitted	_____ Address
_____ Contact Person	_____ Phone

DIVISION USE ONLY DATE RECEIVED: _____	I certify that the Bail Recovery Training included in this program complies with the curriculum established by P.O.S.T. _____ Signature of Provider if an individual, or signature of Officer of Provider
	_____ Date

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CERTIFICATE OF COMPLETION

This is to Certify that: _____ Social Security Number: _____
has successfully completed Bail Recovery Training as follows:

(check as appropriate)

_____	INTRODUCTION TO BAIL RECOVERY	3 HOURS
_____	PRINCIPLES OF CRIMINAL CULPABILITY	3 HOURS
_____	COLORADO CRIMINAL CODE	6 HOURS
_____	FIREARMS AND WEAPONS	2 HOURS
_____	SEIZURE – ENTRY	2 HOURS

Provider

Name of Instructor

Signature of Instructor

Date of Completion

I certify that the Bail Recovery Training included in this program complies with the curriculum established by P.O.S.T.

Signature of Provider if an individual, or signature of Officer of Provider

Date

This form is to be furnished IN DUPLICATE by the provider to each individual who has successfully completed a course registered with the Division of Insurance for bail recovery training education.

DOI BR CC (12/98)

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CERTIFICATE OF COMPLETION

This is to Certify that: _____ Social Security Number: _____
has successfully completed Bail Recovery Training as follows:

(check as appropriate)

_____	INTRODUCTION TO BAIL RECOVERY	3 HOURS
_____	PRINCIPLES OF CRIMINAL CULPABILITY	3 HOURS
_____	COLORADO CRIMINAL CODE	6 HOURS
_____	FIREARMS AND WEAPONS	2 HOURS
_____	SEIZURE – ENTRY	2 HOURS

Provider

Name of Instructor

Signature of Instructor

Date of Completion

I certify that the Bail Recovery Training included in this program complies with the curriculum established by P.O.S.T.

Signature of Provider if an individual, or signature of Officer of Provider

Date

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DOI BR CC (12/98)

2. The student will understand the provisions of CRS 16-11-309(a) sub paragraphs (I) and (II) as they elate to violent crimes.
3. The student will describe and explain the provisions of CRS 18-1-704 thru 18-1-707(7) as they pertain to the use of physical and deadly force.

C. COLORADO CRIMINAL CODE

RECOMMENDED HOURS 6

General learning goal: The student will have basic knowledge of the Colorado Criminal Code.

Learning objectives

1. The student will be able to identify the elements of the following statutes and definitions as they pertain to potential violations by bail recovery agents:
 - a. Definitions 18-1-901(3)(c),(d),(e),(g),(h),(m) and (p)
 - b. Murder 18-3-102 and 103
 - c. Manslaughter 18-3-104
 - d. Criminally negligent homicide 18-3-105
 - e. Assault in first degree 18-3-202
 - f. Assault in second degree 18-3-203
 - g. Assault in third degree 18-3-204
 - h. Menacing 18-3-206

- i. Reckless endangerment 18-3-208
- j. False imprisonment 18-3-303
- k. Criminal mischief 18-4-501
- l. First degree criminal trespass 18-4-502
- m. Second degree criminal trespass 18-4-503

D. FIREARMS AND WEAPONS

RECOMMENDED HOURS 2

General learning goal: The student will have basic knowledge of offenses relating to firearms and weapons.

Learning objectives:

- 1. The student will be able to explain the definitions and identify the elements of the offense for the following CRS codes:
 - a. Definitions 18-12-101
 - b. Title 18, Article 12 except 18-12-108.5 thru 18-12-108.7

E. SEIZURE – ENTRY

RECOMMENDED HOURS 2

General learning goal: The student will understand the concept of Probable Cause.

Learning objective:

- 1. The student will explain the concept of Probable Cause and Totality of Circumstances as established in Colorado Court decisions