

**IOWA DEPARTMENT OF PUBLIC SAFETY
215 East 7th Street, 4th Floor
Des Moines, IA 50319**

**BAIL ENFORCEMENT, PRIVATE INVESTIGATIVE OR
PRIVATE SECURITY AGENCY CORPORATE INFORMATION**

PLEASE PRINT OR TYPE

1. Name of Corporation: _____
2. Principal Place of Business (Corporate): _____
(Street) (City) (State) (Zip)
- a. Principal Place of Business (Iowa): _____
(Street) (City) (State) (Zip)
3. State of Incorporation: _____
4. Attach a copy of your "Articles of Incorporation".
5. Attach a copy of your most recent "Annual Report of Corporation" (as provided to the Secretary of State).
6. The name(s) and addresses of all executive officers and every director.

	(Name)	(Address)
President:	_____	
Vice President:	_____	
Secretary:	_____	
Treasurer:	_____	
Director:	_____	

7. If not an Iowa Corporation, the Secretary of State issued a Certificate of Authority to do Business in Iowa on _____ 20____, Certificate Number _____

8. State following information on your agent for service of process:
 - (a) Name: _____
 - (b) Address: _____
 - (c) Telephone: _____

Immediately notify the department of any changes.

I swear, affirm and certify that the information I provided to complete this form is accurate and correct and fully understand that any false statement herein may be sufficient cause not to issue this license or cause it to be revoked, if issued.

Signature Date

Title

Subscribed in my presence and sworn to before me this _____ day of _____ A. D. _____

Notary Public