ARKANSAS PROFESSIONAL BAIL BOND LICENSING BOARD
BAIL BOND AGENT APPLICATION

Full Name (Last) (First) (Middle) (Maiden)

Residence Address (# & Street) (City) (County) (State) (Zip)

Business Address (# & Street) (City) (County) (State) (Zip)

Business Phone

Home Phone

Age

Date of Birth

Place of Birth

Height

Weight

Eye Color

Hair Color

Driver's License Number

List Other names you have gone by in the past:

List Residence(s) for the past ten years, beginning with most recent: (Attach additional page if necessary)

Date From	Date To	Street	City	State

List employment for the past ten years, beginning with current employment: (Attach additional page if necessary)

Date From	Date To	Company Name/Address/Phone	City	State

Current employer phone number

Supervisor

Have you been licensed as a Bail Bondsman in this or any state? No Yes If Yes, list state, license number, year last Licensed, company and power number. (Attach additional page if necessary)

ARKANSAS PROFESSIONAL BAIL BOND LICENSING BOARD
BAIL BOND AGENT APPLICATION

Have you ever been arrested or been a defendant in court? No Yes If yes, give complete information, including state, year and disposition of charges. (Attach additional page(s) if necessary)

Have you ever been found guilty of anything other than a traffic offense? No Yes

If yes, give complete information, including state, year and disposition of charges. (Attach additional page(s) if necessary)

Have you ever pled guilty, nolo contendere, or no contest to anything other than a traffic offense?

No Yes If yes, give complete information, including state, year and disposition of charges. (Attach additional page if necessary?

A licensed bond agent may write bonds in any county in Arkansas. Please list those counties of the State of Arkansas in which you plan to operate on a regular basis (do not indicate "Statewide" or other such designation)

By my signature below, I (a) hereby certify that all information in this application is true and correct to the best of my knowledge and belief; (b) authorize the Professional Bail Bondsman Licensing Board to verify all information provided on this application; (c) authorize the Professional Bail Bondsman Licensing Board to make inquires regarding my competency, trustworthiness, financial responsibility and reputation; (d) authorize each person, partnership, corporation, governmental body, agency, or court in possession of any and all records concerning me (including, but not limited to, driving records, workers' compensation records, criminal records, credit records, bank records, social security records, and welfare records to furnish such records to the Arkansas Professional Bail Bondsman Licensing Board, its agents, employers and attorneys. ***I hereby waive my right to privacy of the above-specified information or records to the Arkansas Professional Bail Bondsman Licensing Board.***

STATE OF ARKANSAS)
)ss
COUNTY OF _____)

_____
(Applicant's signature)

SUBSCRIBED AND SWORN TO before me this_____day of _____, 20____

_____
(Notary Public)

My commission expires:_____

IF YOU HAVE BEEN LICENSED BY ANY BAIL BOND COMPANY PRIOR TO THIS APPLICATION, YOU MUST LIST ALL COMPANY NAMES, POWER NUMBERS AND DATES LICENSED.

Form B-12

ARKANSAS PROFESSIONAL BAIL BONDSMAN
LICENSING BOARD
PERSONAL REFERENCE FORM

Applicant's Name : _____

1. Reference:

I, _____, whose resident address is _____,

_____, telephone (____) _____ have known

the applicant named above _____ years and do hereby verify that _____ (he/she) is of good

character and reputation.

_____
(Reference's Signature)

STATE OF ARKANSAS)
)ss
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

_____
(Notary Public)

My commission expires: _____

2. Reference:

I, _____, whose resident address is _____,

_____, telephone (____) _____ have known

the applicant named above _____ years and do hereby verify that _____ (he/she) is of good

character and reputation.

_____
(Reference's Signature)

STATE OF ARKANSAS)
)ss
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

_____
(Notary Public)

My commission expires: _____

ARKANSAS PROFESSIONAL BAIL BONDSMAN
LICENSING BOARD
PERSONAL REFERENCE FORM

3. Reference:

I, _____, whose resident address is _____,

_____, telephone (____) _____ have known

the applicant name above _____ years and do hereby verify that _____ (he/she) is of good

character and reputation.

_____
(Reference's Signature)

STATE OF ARKANSAS)
)ss
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

_____
(Notary Public)

My commission expires: _____

ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau
Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter ☐

Full Name: _____
Last name *First name* *Middle name* *Jr/Sr/III*

_____ Daytime Phone #: (____) _____
*List **ALL** other names ever used (married, maiden, shortened, etc)*

Date of Birth: _____ State of Birth: _____Race: _____Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Physical Address: _____
Street

_____
City *State* *ZIP*

Mailing Address: _____
Street or P.O. Box

_____
City *State* *ZIP*

APPLICANT RECORD NOTIFICATION

Change, Correction, or Updating: *Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code §12-12-1013.*

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
(First/MI/Last Name) *Month/Day/Year*

Release to: _____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____
Street

_____
City *State* *ZIP*

Daytime Phone #: (____) _____

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

_____
Notary Public

□ 82005 State Record Check

Revised 10/10

Form B-11-B

ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD
COMPANY STATEMENT

Name of Professional Bail Bond Company _____

Bondsman's Name _____
(First) (Middle) (Last)

Business Address _____
(Street) (City) (State) (Zip)

Residence Address _____
(Street) (City) (State) (Zip)

I, _____ _____
(Company President/Owner) (Title)

do hereby request that _____ be added to the license of

_____ as a professional bail bondsman.
(Professional Bail Bond Company)

Attached is Power of Attorney # _____ authorizing this individual to obligate the bail bond company named herein for an amount not to exceed $ _____ dollars on any one recognizance.

_____ _____
Company President/Owner signature Date

APPLICANT STATEMENT

I, _____ hereby make application for a license as a
(First) (Middle) (Last)

professional bail bondsman through _____ .
(Professional Bail Bond Company)

I hereby certify that I have never been convicted of a felony or anything other than a traffic offense. I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

_____
(Applicant's signature)

STATE OF ARKANSAS)
)ss
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

My commission expires: _____

_____
(Notary Public)

APPENDIX D

(COMPANY NAME AND ADDRESS TO BE INSERTED)

_____.

_____.

NO._____.

QUALIFYING POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That _____ (Name of Company) a _____(Corporation or Partnership or Sole Proprietorship) having its principal office at: _____(street, city, state, and zip) does hereby make, constitute and appoint _____(agent) with limited authority, its true and lawful Agent and Attorney-in-Fact, with full power and authority hereby conferred to sign, execute, acknowledge, and deliver for and on its behalf as Surety, subject to limitations herein set forth, any and all papers and documents necessary or incidental to making of Bail Bonds in Judicial Proceedings, whether criminal or civil: appeal bonds or any other kind of appearance bond in any State Court, County Court or District Court, not to exceed the amount of:

$_____

For any and all bail bonds and recognizances, provided that the said Attorney-in-Fact shall be binding upon this Company.

IIN WITNESS WHEREOF, the said _____ (name of Company) has caused

these presents to be executed by _____.

(Name and Title of Corporate Officer/ Partner/ Proprietor) this _____day of _____(Month), 20____.

Name of Company_____ Corp Officer, Partner or Proprietor _____

State of Arkansas

County of _____

On this _____day of _____, 20__ before me, a Notary Public, personally

appeared _____, who being by me duly sworn, acknowledged that he/she signed the above Powers of Attorney as Authorized Representative of the said (Name of

Company _____ and acknowledged said instruments to be the voluntary act and deed of said Company.

My Commission Expires:

_____ _____

Notary Public

_____

Agent / Attorney-in-Fact

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- **Officials must provide to the applicant written notice[1] that his/her fingerprints will be used to check the criminal history records of the FBI.**
- **Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.**
- **Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.**
- **Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.[2]**

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

_____ Applicants Signature

[1] Written notification includes electronic notification, but excludes oral notification.

[2] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- **You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.**
- **If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.**
- **The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.[2]**

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may sent your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

_____ Applicants Signature

[1] Written notification includes electronic notification, but excludes oral notification.

[2] See 28 CFR 50.12(b).

[3] See 5 U.S.C. 552a (b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

APBBLB

Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board

Certification of Application Review

I _____ (name), certify that I am the _____ (owner/manager) of _____ Bail Bond Company.

_____ (applicant) has made an application to become a Licensed Bail Bond Agent sponsored by this company.

This is to acknowledge we have personally reviewed the application and have stressed the importance of legibility, completeness and accuracy.

_____

Company Representative

900 West Capitol • Suite 400 • Little Rock, Arkansas 72201 • (501) 682-9050 • Fax (501) 682-9053