ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD
PROFESSIONAL BAIL BOND COMPANY LICENSE APPLICATION

The undersigned hereby applies for a Professional Bail Bond Company license and submits the following information:

☐ Foreign Corporation ☐ Domestic Corporation ☐ Partnership

☐ Limited Partnership ☐ Limited Liability Company ☐ Proprietorship

1. Name of Company _____
(Attach copy of Articles of Incorporation or Organization, Partnership Agreement, Sole Proprietorship Affidavit, and all amendments)

2. Main Office Address _____
Street City State Zip

Mailing Address: _____
(If different from above) Street City State Zip

3. Telephone number: (_____) - _____ - _____

4. A. If a Corporation or Limited Liability Company, list name and address of officers.

President _____
Name Address

Vice-President _____
Name Address

Secretary _____
Name Address

Treasurer _____
Name Address

B. Name and address of Stockholders or Members (attach additional pages as necessary)

_____
Name Address

_____
Name Address

_____
Name Address

C. Name and address of Directors/Managers

_____
Name Address

_____
Name Address

_____
Name Address

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5. If a Partnership, list name and address of partners and percentage of ownership. Attach a copy of Partnership Agreement. As to each partner, specify whether a general or limited partner.

Partner	Partner	Partner
_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ % Ownership	_____ % Ownership	_____ % Ownership
_____ General/Limited	_____ General/Limited	_____ General/Limited

6. If a Sole Proprietorship, list name and address of proprietor.

_____ Name _____ Address

7. Name and address of each individual licensed by this Board as a Professional Bail Bondsman who will act for the company under the requested license **(Note: At least one owner/partner of the bond company must be an Arkansas licensed professional bail bondsman who has been licensed in two of the three years preceding this application.**

_____ Name _____ Address

_____ Name _____ Address

_____ Name _____ Address

(Attach additional sheets as necessary)

I, _____ hereby state under oath that all the information in this application is true and correct to the best of my knowledge and belief.

_____
Signature

_____
Title

Subscribed and sworn to before me this _____ day of _____, 2_____.

_____ My commission expires: _____, 2_____.
Notary Public

OFFICER/DIRECTOR/STOCKHOLDER/MEMBER/PARTNER INFORMATION SHEET

Name: _____

Residence Address _____

Business Address: _____

Business Telephone _____ Residence Telephone _____

_____
Professional Bail Bond Company

Officer ( ) Stockholder ( ) Partner ( ) Director ( ) Member ( )

1. Have you ever been arrested for a felony or any offense other than a traffic offense?
   _____ If yes, give complete details _____

_____

2. Have you ever been convicted of a felony or offense other than a traffic offense?
   _____ If yes, give complete details _____

_____

3. Have you ever pled guilty, no contest or nolo contendere to a felony or any offense other than a traffic offense?
   _____ If yes, give complete details _____

_____

4. Are you licensed as a bondsman? _____

   If yes, will you be writing bonds for this professional bail bond company? _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

_____
Signature

Subscribed and sworn to before me this ____ day of _____, _____

_____
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

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).

From: _____

_____

TO: Arkansas Professional Bail Bond Company and
Professional Bail Bondsman Licensing Board

This is to certify that the following certificate of deposit is pledged solely for the purpose of satisfying the certificate of deposit requirements of the Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board pursuant to Ark. Code Ann. §17-19-205. Further, this certificate is not pledged or hypothecated, nor in the future will be pledged or hypothecated, for any other purpose.

CERTIFICATE OF DEPOSIT _____

Issuing Arkansas Bank: _____

Amount: _____

Certificate Number: _____

Interest Rate: _____

Issue Date: _____

Due Date:

_____ _____

Bank Officer (Issuing Bank) Owner of Certificate

_____ _____

Title Date

ASSIGNMENT

In consideration of the Certificate of Deposit required under Ark. Code Ann. §17-19-205, I hereby assign to the Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board all my rights, title and interests in the certificate of deposit herein described to qualify _____ for bail bond license. Certificate of Deposit number _____ in the amount of _____. Issued by_____ with a maturity date of _____.

Witness my hand this ____day of _____20___.

_____
Owner of Certificate

Subscribed and sworn to before me
this _____day of _____, 20_____.

_____
Notary Public

My commission expires_____

City of_____, County of_____

State of Arkansas

CLEAN IRREVOCABLE LETTER OF CREDIT



_____
_____
_____
_____
(Name and address of issuer if not on letterhead)

_____
Date

Arkansas Professional Bail Bondsman Licensing Board
900 West Capitol, Suite 400
Little Rock, Arkansas 72201

Re: Clean Irrevocable Letter of Credit No._____

Expiration Date_____

Dear Board:

At the request of_____, a professional bail bond company ("Company"), we, as issuer, are opening a Clean Irrevocable Letter of Credit in favor of you or your successors in office for up to the aggregate amount of _____ ($_____), or such amount as indicated by the Addendum attached hereto, or any amendments thereof. We undertake that drawings under this Letter of Credit for any liability incurred by Company during term of this Letter of Credit shall be honored upon presentation of a draft to issuer *by you or your authorized representative. Drawings shall be honored by Issuer whether presented prior to the expiration date of the Letter of Credit or after the term of the Letter of Credit has expired. Issuer agrees and acknowledges that its obligation under this Letter of Credit matures at the time Company or any of its licensees fail to faithfully perform their duties as required by law. All drafts so drawn must be marked drawn under the above referenced Credit Number.

This Letter of Credit, which is retroactive from _____, is issued to you or your successors in office to meet the requirements of Ark. Code Ann. ∋17-19-205, which requires each bail bond company license applicant and renewal company license applicant to post and maintain with the Arkansas Professional Bail Bondsman Licensing Board a security deposit.

If during the term of this Letter of Credit, any of the licensees listed in the Addendum attached hereto are guilty of failing to faithfully perform their duties as required by law, the Board may draw upon this Letter of Credit pursuant to Ark. Code Ann. §17-19-208 and either recover the full amount of the penalty incurred or bond forfeited, or recover for the use and benefit of the person or persons aggrieved, the amount of loss or injury sustained by such person or persons by reason of such misconduct or forfeited bond. However, no such recovery or recoveries shall exceed a maximum amount of Ten Thousand Dollars ($10,000.00) as stated in Ark. Code Ann. §17-19-208.

It is a condition of this Letter of Credit that it shall not be subject to termination, expiration or cancellation in less than sixty (60) days after giving written notice thereof by certified mail, return receipt requested, to the Arkansas Professional Bail Bondsman Licensing Board.

It is a condition of this Letter of Credit that it shall be deemed automatically extended without amendment from any stated expiration date herein, unless sixty (60) days prior to any such date we shall notify you or your successors in office in writing by certified mail, return receipt requested, that we elect not to consider this Letter of Credit renewed for any such additional period.

It is a condition of this Letter of Credit that no such termination or cancellation or nonrenewal shall affect the liability of the Issuer incurred prior to the effective date of such termination or cancellation or nonrenewal. Issuer's liability under this Letter of Credit is incurred at the time Company or any of its licensees fail to faithfully perform their duties as required by law.

It is a further condition of the Letter of Credit that it is issued to the Board solely for the express obligations of licensees as enumerated under Ark. Code Ann. §17-19-205, therefore it is expressly agreed and acknowledged by the Issuer that only the Board's drafts drawn under and in compliance with * the terms of this Letter will be duly honored by the Issuer if presented* as set forth herein. The Issuer confirms the credit and hereby undertakes that all such drafts drawn and presented will be duly honored.

It is understood and acknowledged by the Issuer herein that the list of bail bond licensees who are the subject of this Letter of Credit and who are named in the attached Addendum, may change from time to time due to normal personnel changes. Therefore, it is agreed by the Issuer that such additions and deletions of licensed personnel shall be reflected by amending the attached Addendum and by affixing the revision date and wet signature of an officer of the Issuer.

Except as expressly stated otherwise, this credit is subject to the "Uniform Customs and Practice for Documentary Credit", 1993 Revision, of the International Chamber of Commerce Publication No. 500.

Sincerely,

_____

Officer of the Issuer

_____

Title or Position

APPENDIX F
PAGE THREE

AMMENDUM

Name of Bail Bond Company_____

Issuer _____Date/Amount of Original Letter of Credit
_____
_____
_____

Credit No._____

Covered Licensee(s): _____

_____
Officer of Issuer

_____
Title or Position

_____
Date