# **APBBLB**



Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board

October 1, 2023

All Professional Bail Bond Licenses issued under Arkansas Code Ann. §17-19-101 et. seq. expire December 31, 2023. To renew by January 1, 2024 renewal applications, balance sheets, and licensing fees must be received no later than December 1, 2023.

Pursuant to Rule & Regulation 1, Section 18, renewal applications received after December 1 will be processed; however, beginning December 2<sup>nd</sup> and continuing through December 31, a penalty of one hundred dollars (\$100) per day will be assessed until the packet is received. Renewal applications received after December 15, but prior to December 31, will be processed on the corresponding day in January 2024. (Example: Renewal packet received December 16, 2023 will be processed on January 16, 2024) No bonds shall be issued after December 31 until the new license is issued and received by the bond company/bondsman.

Renewal applications received after December 31, 2023 will be treated as applications for a new license and the applicant will be required to complete the entire licensing process.

Applications will be returned if errors are found, or if all questions are not answered. Items 9a and 9b must agree with 9c on the Professional Bail Bond Company License Renewal Application REN B-1. Packets returned will be processed in the order they are re-submitted.

Pursuant to Rule & Regulation 1, Section 36, companies are required to retain all records for a period of five (5) years; therefore, anything necessary for the preparation of your company's renewal application should be available in your office. Do not call the Board office for information from, or copies of, documents

#### previously submitted by you.

Companies shall **submit the following forms** for renewal of a **Company License**:

1.	Form REN B-1	Company Renewal Application
2.	Form REN B-2A	Officer/Director/Shareholder Information Sheet Business
3.	Form REN B-2B	Locations Displaying Advertising Identification Bureau
4.	AR920070Z	Individual Record Check
5.	FBI Release Form 2 Pages	Privacy Requirement 2 Forms
6.	Letter of Credit / CD	Letter of Credit or CD with assignment letter.

See Additional Info. on next page

\* If CD Account Number changed from the previous renewal, please attach the CD Agreement from the bank.

\*\*Please disregard if updated Letter of Credit or CD was submitted with a maturity date for 2024 or later\*\*

The following forms must be submitted for each Bondsman:

1. Form REN B-3 Bondsman Renewal Application

2. AR920070Z Identification Bureau Individual Record Check

- 3. Specimen copy of Power of Attorney IF POWER CHANGES
- 4. Continuing Education Certificate

Submit all documents at the same time. Failure to submit the renewal applications so that licenses can be issued by December 31, 2023, will result in the bond company/ bondsman not being able to conduct bail bond business until the 2024 licenses have been issued. Renewal application for bondsman received after December 31<sup>st</sup> will be treated as applications for initial licensing and the applicant will have to complete the entire licensing process.

All professional bail bond companies must include a renewal fee of \$1,000, which includes the fee for the professional bail bond company and one (1) licensed professional bail bondsman. There is a license renewal fee of \$100 for each additional professional bail bondsman.

Please enclose a cashier's check, money order or company check made payable to the Arkansas Professional Bail Bondsman Licensing Board. **PERSONAL CHECKS WILL NOT BE ACCEPTED**.

If your company is incorporated, a certificate of good standing from the Secretary of State must be provided. Also, any amended articles of incorporation bearing the seal of the Secretary of State which have not been filed with the Board must be submitted.

ALL COMPANIES MUST SUBMIT A FINANCIAL BALANCE SHEET LISTING ASSETS, LIABILITIES AND NET WORTH. THIS IS NOT A CERTIFIED PUBLIC ACCOUNTANT STATEMENT.

Sincerely,

Randy Murray Director

#### 2024 RENEWAL APPLICATION FORM B-1

## PROFESSIONAL BAIL BOND COMPANY

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

Foreign Corporation	Domestic Corporation	Partnership
Limited Partnership	Limited Liability Company	Proprietorship
Name of Company (Attach copy of Articles of Incorporation)	, Partnership Agreement, Sole Proprietors	ship Affidavit, if amended within past 12 months)
2. Main Office Address Street	City	State Zip
(if mailing add	ress is different, please include Mailing A	Address on separate page)
4. A. If a Corporation, list name and ad	dress of officers.	
President		<del></del>
Name	Add	dress
Vice-President Name	Ad	ddress
Name		ldress
	·	
Name	Ad	ddress
B. Name and address of Stockholder	rs (attach addition pages is necessary)	
Name	Ac	ddress
Name	Ac	ddress
Name	Ac	ddress
C. Name and address of Directors. (a	attach additional pages if necessary)	
Name	Ac	ddress
Name	Ac	ddress
Name	Ac	ddress
	CC	OMPANY CODE

#### 2024

#### RENEWAL APPLICATION FORM B-1 PROFESSIONAL BAIL COMPANY

	Partner	(Attac	h additional pages Partner	s if necessary)	Partner	
	raitiici		rarmer		r artifer	
-	Name		Name		Name	_
-	Address		Address		Address	-
-	% Ownership	)	% Ownership	<u> </u>	%Ownership	_
If a	General/Limitonship		General/Limite		General/Limited	_
	Name			A	ddress n under company license for	each agent
		10-1-22 through			n the following order: See ex	
	Agent Number	Agent Name	Nun	nber of bonds written	Face value of b	onds writte
		Agent Name	Nun	nber of bonds written	Face value of b	onds writte
	Totals  A. Have you had be number, court, defer ascending order). Prorfeitures.	ond forfeiture dun ndants name, amo	ring the period of ount of bond, amo	10-1-22 through 9-30- ount of forfeiture paid a finumber of forfeiture tional pages if necessa	-23 If yes, list agent n and date paid. (Group by age and grand total dollar any)	umber, borent in
	Totals  A. Have you had be number, court, defer ascending order). P	ond forfeiture dun ndants name, amo	ring the period of ount of bond, amo	10-1-22 through 9-30- ount of forfeiture paid a	-23 If yes, list agent n and date paid. (Group by age es and grand total dollar anry)	umber, borent in
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	Totals  A. Have you had be number, court, defer ascending order). Prorfeitures.	ond forfeiture dun ndants name, amo	ring the period of ount of bond, amo	10-1-22 through 9-30- bunt of forfeiture paid a f <b>number of forfeiture</b> tional pages if necessa Bond Am	-23 If yes, list agent n and date paid. (Group by age es and grand total dollar arry) ount Forfeiture Paid	umber, borent in
	Totals  A. Have you had be number, court, defer ascending order). Prorfeitures.	ond forfeiture dun ndants name, amo	ring the period of ount of bond, amo	10-1-22 through 9-30- bunt of forfeiture paid a f number of forfeiture tional pages if necessa Bond Am \$\$	-23 If yes, list agent n and date paid. (Group by age es and grand total dollar arry) ount Forfeiture Paid  \$ \$	umber ent in

#### 2024 RENEWAL APPLICATION FORM B-1 PROFESSIONAL BAIL COMPANY

#### 8. A. Bond Forfeitures, continued

Agent #	Bond #	Court	<u>Defendant</u>	Bond Amount	Forfeiture Paid	<u>Date</u>
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	s	
				<b>s</b>	\$	
				\$	\$	
				\$	\$	
				s	\$	
Total num	ber of bonds	this page	Total this page	\$	\$	
REN B1					Company (	Code

#### 2024

### RENEWAL APPLICATION B-1 PROFESSIONAL BAIL BOND COMPANY

b. Do you have outstanding court, defendant's name,	3 0		bond # (include	agent code), amount,
Bond # Bond Amoun  - \$   [For additional pages go to our web]  Total Outstanding or Unpaid  9. a. Total outstanding uns 9/30/2023  b. Total outstanding sectors  c. Total outstanding bon	site arbailbonds.statesolutions. forfeiture judgments (Total ecured bond liability as of 9 d liability (9a + 9b)	Defendant  Defendant  us under forms look for Addition tal of this page)	s \$	
correct to the best of my know	wledge and belief.		Si	gnature
Subscribed and sworn to before	ore me this Day o	f		Title
My commission expires		_	N	Notary Public
REN B1			Compar	ny Code

COMPANY CODE	

# OFFICER/DIRECTOR/STOCKHOLDER/PARTNER INFORMATION SHEET

Professional Bail Bond Company					
Name					
Business Address					
Residence Address					
Business Telephone	Residence	Геlephone			
Officer Stockholder	(Check all that apply Director	Partner	L	imited Partner	
Have you been arrested, convicted, appeared felony or anything other than a traffic violation charges. (Attach additional page if necessary)	n? If yes, give com		ncluding state	e, date and disposition	
					_
<ul><li>2. Are you licensed as a bondsman?</li><li>3. Will you be writing bonds for this professional</li></ul>	al company?				
I hereby certify that all the above information	is true and correct	to the best of n	ny knowledge	and belief.	
Subscribed and sworn to before me this	day of	Sign	ature 20		
My Commission expires:	_	Notary	Public		

REN B-2-B

Company Code	

# 2024 RENEWAL APPLICATION FORM B-2-B BUSINESS LOCATIONS PUBLICLY DISPLAYING ADVERTISING

Pursuant to Rule 1, Section 38, professional bail bond companies shall annually provide the physical address and phone number of offices or business locations publicly displaying advertising. Name of Company Offices Publicly Displaying Advertising 1. Address Address City, State, Zip City, State, Zip Phone Phone 3. Address Address City, State, Zip City, State, Zip Phone Phone 5. Address Address City, State, Zip City, State, Zip Phone Phone (Attach additional sheets if necessary) hereby state under oath that all the information in this application is true and correct to the best of my knowledge and belief. Signature Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_ ,20 . Notary Public

Company Code

#### 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<sup>1</sup> 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.<sup>2</sup>

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	Date
Written notification includes electronic notification, but excludes of	ral notification.
<sup>2</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article I	V(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<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup>

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.)

<u> </u>	Applicants Signature	Date
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<sup>&</sup>lt;sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>&</sup>lt;sup>2</sup> See 28 CFR 50.12(b).

<sup>&</sup>lt;sup>a</sup> 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).





#### **Identification Bureau Individual Record Check Request Form**

	Last name	First name	Middle name	Jr/Sr/III
			Daytime Phone #: (_	)
List <b>ALL</b> other names	s ever used (married, n	naiden, shortened, etc)		
Date of Birth:	(Month/Day/Y	Sta	te of Birth:	Race:Sex:
	(Month/Day/Y			
Social Security #:		Dri	ver's License #:	State
Physical Address:		Stre	eet	
	City		State	ZIP
Mailing Address: _				
		Street or P.O. Box		
	City		State	ZIP
PLICANT RECORI				
to the following per			Date:	
	(First/MI/La	st Name)	Mor	nth/Day/Year
Release to:				
	(First/MI)	/Last Name) or Full Name	of Agency	
Mailing Address: _			Street	
Ci	ty		State	ZIP
	ty		State	ZIP
	()			
Daytime Phone #:	()THIS PRO	PERLY COMPLETED	State  FORM MUST BE NOTAR	
Daytime Phone #:	THIS PRO	PERLY COMPLETED		
Daytime Phone #:  STATE OF	THIS PRO	DPERLY COMPLETED	FORM MUST BE NOTAR	IZED
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Daytime Phone #:  STATE OF  COUNTY OF  Subscribed and sw	THIS PRO	OPERLY COMPLETED  otary Public, in and for	FORM MUST BE NOTAR	IZED
Daytime Phone #:  STATE OF  COUNTY OF  Subscribed and sw	THIS PRO	OPERLY COMPLETED  otary Public, in and for	FORM MUST BE NOTAR  the county and state afor	IZED
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