



Identification Bureau
Individual Record Check Form

REV. 04/00

Full Name: _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

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

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____ Job title/position _____

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:

Name: Arkansas Professional Bail Bondsman Licensing Board phone) (501)682-9050
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 900 W. CAPITOL AVE, SUITE 400, LITTLE ROCK, ARKANSAS 72201
Street City State ZIP

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

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

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