

**Act 725: any applicant can request an initial license fee waiver if: (Check all Applicable Boxes)**

- Receives Assistance through the Arkansas Medicaid Program (provide copy of current enrollment)
- Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: (provide proof of current enrollment)
- Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. (Provide proof of enrollment)
- Approved for unemployment in the last twelve (12) months (Provide Proof of benefits from the Department of Workforce Services)
- Has an income that does not exceed two hundred percent ((200%) of the federal poverty limit. (Submit tax return for previous year)

**Applicant Name:**

**Address:**

**City, State, Zipcode:**

**Email Address:**

**Phone:**

**Section Applying For:**

**Print and mail completed form with proper supporting documentation to:**

**Arkansas Professional Bail Bondsman Licensing Board**

**900 West Capitol**

**Suite 400**

**Little Rock, AR 72201**

