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

[Arkansas Department of Labor and Licensing Logo]