Items you will need to transfer an agent

1. Application
2. Company Statement
3. Qualifying Power of Attorney, that shows Amount and License Number of Agent Transferring.
4. Agent Resignation Letter or Company Letter of Termination
5. Agent Affidavit
6. $250.00 Transfer Fee
7. Return of Original License
### Full Name

(Last)  (First)  (Middle)  (Maiden)

### Residence Address

(# & Street)  (City)  (County)  (State)  (Zip)

### Business Address

(# & Street)  (City)  (County)  (State)  (Zip)

### Business Phone

Home Phone

### Age

Date of Birth

Place of Birth

### Height

Weight

### Eye Color

Hair Color

### List Other names you have gone by in the past:

### List Residence(s) for the past ten years, beginning with most recent: (Attach additional page if necessary)

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<th>From</th>
<th>To</th>
<th>Street</th>
<th>City</th>
<th>State</th>
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### List employment for the past ten years, beginning with current employment: (Attach additional page if necessary)

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<th>Date</th>
<th>From</th>
<th>To</th>
<th>Company Name/Address/Phone</th>
<th>City</th>
<th>State</th>
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</table>

Current employer phone number

Supervisor

Have you been licensed as a Bail Bondsman in this or any state?  No  Yes

If Yes, list state, license number, year last Licensed, company and power number. (Attach additional page if necessary)
ARKANSAS PROFESSIONAL BAIL BOND LICENSING BOARD
BAIL BOND AGENT APPLICATION

Have you ever been arrested or been a defendant in court?  
No [ ] Yes [ ]  If yes, give complete information, 
including state, year and disposition of charges. (Attach additional page(s) if necessary)

Have you ever been found guilty of anything other than a traffic offense?  
No [ ] Yes [ ]  If yes, give complete information, including state, year and disposition of charges. (Attach additional page(s) if necessary)

Have you ever pled guilty, nolo contendere, or no contest to anything other than a traffic offense? 
No [ ] Yes [ ]  If yes, give complete information, including state, year and disposition of charges. (Attach additional page if necessary)

A licensed bond agent may write bonds in any county in Arkansas. Please list those counties of the State of Arkansas in which you plan to operate on a regular basis (do not indicate "Statewide" or other such designation)

By my signature below, I (a) hereby certify that all information in this application is true and correct to the best of my knowledge and belief; (b) authorize the Professional Bail Bondsman Licensing Board to verify all information provided on this application; (c) authorize the Professional Bail Bondsman Licensing Board to make inquiries regarding my competency, trustworthiness, financial responsibility and reputation; (d) authorize each person, partnership, corporation, governmental body, agency, or court in possession of any and all records concerning me (including, but not limited to, driving records, workers' compensation records, criminal records, credit records, bank records, social security records, and welfare records) to furnish such records to the Arkansas Professional Bail Bondsman Licensing Board, its agents, employers and attorneys. I hereby waive my right to privacy of the above-specified information or records to the Arkansas Professional Bail Bondsman Licensing Board.

STATE OF ARKANSAS  )
                     )ss
COUNTY OF __________) 

SUBSCRIBED AND SWORN TO before me this_____day of ________________________, 20____

By ________________________________  
(Notary Public)

My commission expires: ________________________________

IF YOU HAVE BEEN LICENSED BY ANY BAIL BOND COMPANY PRIOR TO THIS APPLICATION, YOU MUST LIST ALL COMPANY NAMES, POWER NUMBERS AND DATES LICENSED.

Revised 8/22
Form B-10
Page 2 of 2
Name of Professional Bail Bond Company ________________________________

Bondsman’s Name ___________________________________________________

(First) (Middle) (Last)

Business Address ____________________________________________________

(Street) (City) (State) (Zip)

Residence Address ____________________________________________________

(Street) (City) (State) (Zip)

I, _____________________________ (Company President/Owner) (Title)

do hereby request that __________________________ be added to the license of

(Agent) _____________________________ as a professional bail bondsman.

(Professional Bail Bond Company)

Attached is Power of Attorney # ________________________________ authorizing this individual to obligate the bail bond
company named herein for an amount not to exceed $ ________________________________ dollars on any one
recognizance.

Company President/Owner signature ____________________________ Date

APPLICANT STATEMENT

I, _____________________________ (First) (Middle) (Last)

hereby make application for a license as a professional bail bondsman through ____________________________ (Professional Bail Bond Company)

I hereby certify that I have never been convicted of a felony or anything other than a traffic offense. I hereby certify that all
of the above information is true and correct to the best of my knowledge and belief.

_________________________ (Applicant’s signature)

STATE OF ARKANSAS )
COUNTY OF         )ss
SUBSCRIBED AND SWORN TO before me this ______ day of ____________, 20___.

My commission expires: ________________________________

_________________________ (Notary Public)
APPENDIX D  
(COMPANY NAME AND ADDRESS TO BE INSERTED)

__________________________________________

__________________________________________

NO. _____

QUALIFYING POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That ___________________________________ (Name of Company) a ______________________________________ (Corporation or Partnership or Sole Proprietorship) having its principal office at: ____________________________________________________________ (street, city, state, and zip) does hereby make, constitute and appoint ___________________________________ (agent) with limited authority, its true and lawful Agent and Attorney-in-Fact, with full power and authority hereby conferred to sign, execute, acknowledge, and deliver for and on its behalf as Surety, subject to limitations herein set forth, any and all papers and documents necessary or incidental to making of Bail Bonds in Judicial Proceedings, whether criminal or civil: appeal bonds or any other kind of appearance bond in any State Court, County Court or District Court, not to exceed the amount of:

$ ____________________________

For any and all bail bonds and recognizances, provided that the said Attorney-in-Fact shall be binding upon this Company.

IN WITNESS WHEREOF, the said ____________________________ (name of Company) has caused these presents to be executed by ____________________________

(Name and Title of Corporate Officer/Partner/Proprietor) this ______day of ____________ (Month), 20____

Name of Company ____________________________  Corp Officer, Partner or Proprietor ____________________________  

State of Arkansas 

County of ____________________________

On this _______ day of ____________________________, 20__ before me, a Notary Public, personally appeared ____________________________, who being by me duly sworn, acknowledged that he/she signed the above Powers of Attorney as Authorized Representative of the said (Name of Company) ____________________________, and acknowledged said instruments to be the voluntary act and deed of said Company. 

My Commission Expires: ____________________________

______________________________

Notary Public ____________________________

______________________________

Agent / Attorney-in-Fact
AGENT TRANSFER AFFIDAVIT

Comes now, __________________________, and being duly sworn does hereby state:

1. I was an Agent for __________________________ (Company) and have resigned or have been terminated. ___________ INITIALS

2. I have returned and/or accounted for all bond forms and Powers of Attorney issued to me by the Company. ___________ INITIALS

3. I have returned and/or accounted for all physical property issued to me by the Company. ___________ INITIALS

4. I have paid to the Company all fees collected, for the bonds I've written. ___________ INITIALS

5. I have paid to the Company all premiums that I have collected and are owed the Company. ___________ INITIALS

6. I have transferred all property that I held in a fiduciary capacity to the Company. ___________ INITIALS

I understand that by signing below, I may be subject to a fine and/or suspension or termination of my agent license if any of the above statements are found by the Board to be untrue. ___________ INITIALS

Printed Name __________________________________________ Signature

Before me, the undersigned Notary Public, on this _______ day of ____________, 202__, came __________________________ who, being duly sworn, executed the foregoing Affidavit.

Notary

My Commission Expires: __________________________