

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**



ARKANSAS PROFESSIONAL BAIL BOND LICENSING BOARD BAIL BOND AGENT APPLICATION

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

Driver's License Number

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)

Date		Street	City	State
From	To			

List employment for the past ten years, beginning with current employment: (Attach additional page if necessary)

Date		Company Name/Address/Phone	City	State
From	To			

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 inquires 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 _____)

_____ (Applicant's signature)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____

_____ (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.



ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD COMPANY STATEMENT

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 _____ (Agent) be added to the license of _____ (Professional Bail Bond Company) as a professional bail bondsman.

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)
)ss
COUNTY OF _____)

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

STATE OF ARKANSAS)
)SS
COUNTY OF _____)

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:
