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:**

<table>
<thead>
<tr>
<th>Date 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:**

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<tr>
<th>Date 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  - [X] Yes

If Yes, list state, license number, year last Licensed, company and power number.

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Revised 8/22  
Form B-10  
Page 1 of 2
Have you ever been arrested or been a defendant in court? No [X] Yes [X]
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 [X] Yes [X]
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 [X] Yes [X]
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

COUNTY OF ________________________
SUBSCRIBED AND SWORN TO before me this ______ day of ________________________, 20____

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.
Name of Professional Bail Bond Company

Bondsman’s Name ____________________________
   (First)   (Middle)   (Last)

Business Address ____________________________
   (Street)   (City)   (State)   (Zip)

Residence Address ____________________________
   (Street)   (City)   (State)   (Zip)

Company President
   (Company President/Owner) ____________________________
   (Title) __________________________________________

I, ____________________________ do hereby request that __________________________ be added to the license of __________________________ as a professional bail bondsman.

(Power of Attorney)

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, ____________________________ hereby make application for a license as a professional bail bondsman through ____________________________
   (First)   (Middle)   (Last)

(Power of Attorney)

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 ____________________________

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 Sole Proprietorship (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 Surely, 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:
______________________________