



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)



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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)

[Empty text box for arrest information]

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)

[Empty text box for conviction information]

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?)

[Empty text box for plea information]

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)

[Empty text box for counties of operation]

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.