



ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD COMPANY STATEMENT

Name of Professional Bail Bo	nd Company				
Bondsman's Name					
(Fi	rst)	(Middle)	(Last)		
Business Address					
(St	reet)	(City)	(State)	(Zip)	
Residence Address					
(St	reet)	(City)	(State)	(Zip)	
I,					
I,(Company President/Owner)			(Title)		
do hereby request that			be	added to the license of	
• •	(Agent)				
(Professiona	al Bail Bond Comp	any)	as a profe	essional dan dongsman.	
Attached is Power of Attorney #			authorizing this individual to obligate the bail bond		
company named herein for an	amount not to exc	eed \$		dollars on any one	
•				,,	
recognizance.					
Company President/Owner sign	anatura		Date		
Company President/Owner sig	gnature		Date		
	APPL	ICANT STATEME	NT		
I,			hereby make appli	cation for a license as a	
(First)	(Middle)	(Last)			
professional bail bondsman th	rough				
		(Professional Bail B	ond Company)		
I hereby certify that I have no	ever been convicted	l of a felony or anything o	other than a traffic offense. I	hereby certify that all	
of the above information is tru	ie and correct to th	e best of my knowledge a	nd belief.		
			(Applicant's signature)		
STATE OF ARKANSAS))ss	SUBSCRIBED AND	D SWORN TO before me th	nis day	
COUNTY OF)	·	, 20	<u>—</u> ·	
My commission expires:			(No	otary Public)	