



From: _____

TO: Arkansas Professional Bail Bond Company and
Professional Bail Bondsman Licensing Board

This is to certify that the following certificate of deposit is pledged solely for the purpose of satisfying the certificate of deposit requirements of the Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board pursuant to Ark. Code Ann. §17-19-205. Further, this certificate is not pledged or hypothecated, nor in the future will be pledged or hypothecated, for any other purpose.

CERTIFICATE OF DEPOSIT

Issuing Arkansas Bank: _____

Amount: _____

Certificate Number: _____

Interest Rate: _____

Issue Date: _____

Due Date: _____

Bank Officer (Issuing Bank) Owner of Certificate

Title Date

ASSIGNMENT

In consideration of the Certificate of Deposit required under Ark. Code Ann. §17-19-205,
I hereby assign to the Arkansas Professional Bail Bond Company and Professional Bail
Bondsman Licensing Board all my rights, title and interests in the certificate of deposit
herein described to qualify _____ for bail bond
license. Certificate of Deposit number _____ in the amount of _____.
Issued by _____ with a maturity
date of _____.

Witness my hand this ____ day of _____, 20__.

Owner of Certificate

Subscribed and sworn to before me
this _____ day of _____, 20__.

Notary Public

My commission expires _____

City of _____, County of _____

State of Arkansas