CHECKLIST OF ITEMS NEEDED FOR NEW APPLICANTS

1. Application
2. References
3. State Police record check form
4. Beginning education signed by provider
5. Check for $125.00
6. Company statement
7. Power of attorney
8. FBI record check release forms
9. Certification of application review form
10. Arkansas Live Scan Form

Call Ron Bratton at 15016829055 for your BBI number.

Required forms are below
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

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)

<table>
<thead>
<tr>
<th>Date</th>
<th>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: (Attach additional page if necessary)

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<th>Date</th>
<th>From</th>
<th>To</th>
<th>Company Name/Address/Phone</th>
<th>City</th>
<th>State</th>
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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)

Revised 7/22
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 ____________

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.

Revised 7/22

Form B-10
ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD
PERSONAL REFERENCE FORM

Applicant's Name: _____________________

1. Reference:

I, ____________________________, whose resident address is ____________________________,
________________________________________, telephone (______) __________________________ have known
the applicant named above ____________ years and do hereby verify that _____ (he/she) is of good
character and reputation.

______________________________________________
(Reference's Signature)

STATE OF ARKANSAS )
COUNTY OF ______________ )ss
SUBSCRIBED AND SWORN TO before me this ___ day of ____________, 20__.

______________________________________________
(Notary Public)

My commission expires: ____________________________

2. Reference:

I, ____________________________, whose resident address is ____________________________,
________________________________________, telephone (______) __________________________ have known
the applicant named above ____________ years and do hereby verify that _____ (he/she) is of good
character and reputation.

______________________________________________
(Reference's Signature)

STATE OF ARKANSAS )
COUNTY OF ______________ )ss
SUBSCRIBED AND SWORN TO before me this ___ day of ____________, 20__.

______________________________________________
(Notary Public)

My commission expires: ____________________________
3. Reference:

I, ________________________, whose resident address is ________________________,
____________________________, telephone (____) ______________________ have known
the applicant name above __________ years and do hereby verify that ______ (he/she) is of good
character and reputation.

__________________________________________
(Reference’s Signature)

STATE OF ARKANSAS  
)  
COUNTY OF ____________  )

SUBSCRIBED AND SWORN TO before me this ________ day of ______________________, 20 __.

__________________________________________
(Notary Public)

My commission expires: ______________________
Identification Bureau
Individual Record Check Form

Full Name: ________________________________/__
  First       Middle       Last Name       Maiden/Other

Date of Birth: __________ State of Birth: ______ Race: ______ Sex: ______
  (Month/Day/Year)

Social Security #: ________________________________ Driver’s License #: ________
  State

Mailing Address:
  Street: __________________ City: ______ State: ______ ZIP: ______

Daytime Phone #: [_____] Job title/position: __________________________

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL
RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING
PERSON OR ENTITY:

Name: Arkansas Professional Bail Bondman Licensing Board (Office) (501) 682-8050
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 900 West Capitol Suite 400 Little Rock Arkansas 72201
  Street: __________________ City: ______ State: ______ ZIP: ______

Signature: _________________________________ Date: ____________
  (First/MI/Last Name) _______________________________ (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF: ________________________________ $

COUNTY OF: _________________________________

Subscribed and sworn before me, a Notary Public, in and for the county and state
aforesaid, this the ______ day of __________________ 20__________

________________________
Notary Public
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 ________________________ be added to the license of 
__________________________________ as a professional bail bondsman. 

(Professional Bail Bond Company)

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 
(First) (Middle) (Last) 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 ________________ )
My commission expires: ____________________________

SUBSCRIBED AND SWORN TO before me this _______ day of ________________________________, 20__.

(Noteary 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
AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant’s privacy.

- Officials must provide to the applicant written notice¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the current criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.²

The FBI has no objection to officials providing a copy of the applicant’s FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant’s suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes “a reasonable time” for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

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¹ Written notification includes electronic notification, but excludes oral notification.
² See 5 U.S.C. 552(a)(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(e), 20.33(d), 50.12(b) and 906.2(d).
NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification\(^1\) that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record\(^2\).

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council\(^3\).

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

__________________________ Applicants Signature

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\(^1\) Written notification includes electronic notification, but excludes oral notification.

\(^2\) See 28 CFR 50.12(b).

\(^3\) See 5 U.S.C. 552a (b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board

Certification of Application Review

I __________________________ (name), certify that I am the
________________________ (owner/manager) of
________________________ Bail Bond Company.

______________________________ (applicant) has
made an application to become a Licensed Bail
Bond Agent sponsored by this company.

This is to acknowledge we have personally reviewed
the application and have stressed the importance of
legibility, completeness and accuracy.

________________________________
Company Representative
Arkansas Live Scan
3901 McCain Park Dr. Suite # 110
North Little Rock, AR 72116
501-246-3780

COST $10.00

Walk in's taken MONDAY-FRIDAY
11a.m.- 2 p.m.
**FINGERPRINT HARVESTER / LIVESCAN PAYMENT CONFIRMATION FORM**

1. Transaction Control Number (Confirmation Number)  

2. Reason Fingerprinted (RFP)  

<table>
<thead>
<tr>
<th>1a. Last Name</th>
<th>1b. First Name</th>
<th>1c. Middle Initial</th>
<th>1d. Suffix</th>
</tr>
</thead>
</table>

4. Date of Birth (MM/DD/YYYY)  

| 5. Harvester (LiveScan) Information  

**Type or clearly print information in all fields at the time of fingerprinting**  

1. Date Fingerprinted  

2. Type of Picture ID Presented  

IF DL complete the following) State: DL

3. Arkansas Harvest (LiveScan) Facility Name  

4. Harvester (LiveScan) Operator Telephone Number  

Arkansas Livescan  

5. Harvester (LiveScan) Operator Name Printed  

6. Harvester (LiveScan) Operator Signature  

Under penalty of A.C.A. § 5-53-103, I, the undersigned, hereby affirms that all information contained on this application is true and correct. I understand that giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Arkansas Private Investigator, Security, Alarm Installation, and Monitoring licensee, commission, or credential issuance, and/or immediate revocation of any license, commission, or credential already issued by the Department. Information contained on this form is considered a public record and may be released under the Freedom of Information Act.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a license, commission, and/or credential and this investigation may include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record, and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctors, police agencies, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information (including sealed or expunged criminal history) and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the existence of these credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and nature and scope of information they furnished.

**PRINT FULL NAME:**

**SIGNATURE:**

**DATE:**

**APPLICANT RECORD INFORMATION**

Arkansas fingerprint submitted will be used to check the original history records of the FBI.

**PRIVACY ACT STATEMENT**

This privacy statement is based on the laws of the PSO Title fingerprint card.

Authority: The PSO's collection, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 594. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 532-54, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information in accordance serves, in whole or in part, to defend against such actions or to correct or update them in the event that your application is denied or is otherwise processed.

Principal Purpose: Certain information, such as employment, licensing, and security clearances, may be predicated on fingerprinted background checks. Your fingerprints and associated information/biometrics may be provided to the FBI's Next Generation Identification (NGI) system or the NDIS (National Database System, which includes the FBI's Next Generation Identification (NGI) system or the NDIS (National Database System, and other fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or released by the PSO.

**REVIEW DURING**

During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed, pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable laws. Review Dues may be reviewed by the PSO, including the Review Dues for the NGI system and other applicable National Dues Review Dues. Review Dues include, but are not limited to, information for criminal, government, or contractors-who are responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; and agencies responsible for national security or public safety.

Rev. February 2019

**REVISED 7-13-2021**