

## **CHECKLIST OF ITEMS NEEDED FOR NEW APPLICANTS**

Fill out on computer, print, and have notarized where required.

1. **Application**
2. **References**
3. **State Police record check form**
4. **Beginning education signed by provider**
5. **Company Check for \$125.00**
6. **Company statement to be filled in by company**
7. **Power of attorney to be filled in by company**
8. **FBI record check release forms**
9. **Certification of application review form to be filled in by company**

**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

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)



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)

[Empty box for providing details of arrests or court appearances]

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 box for providing details of other convictions]

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 box for providing details of nolo contendere or no contest pleas]

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 box for listing 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 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 )
)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.



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 )  
 )ss  
COUNTY OF \_\_\_\_\_ )

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 )  
 )ss  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

**ARKANSAS PROFESSIONAL BAIL BONDSMAN  
LICENSING BOARD  
PERSONAL REFERENCE FORM**

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**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        )  
  )ss  
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 Bondsman Licensing Board phone) (501)682-9050  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 101 E CAPITOL, SUITE 117, 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, \_\_\_\_\_ (First) (Middle) (Last) hereby make application for a license as a 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 \_\_\_\_\_ )

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  
\_\_\_\_\_ (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.

**IIN 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 notice<sup>1</sup> 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 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.<sup>2</sup>**

**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.**

\_\_\_\_\_ Applicants Signature

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> 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), 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<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup>

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

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> 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).

# APBBLB



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