



**ARKANSAS PROFESSIONAL BAIL BONDSMAN  
LICENSING BOARD  
BAIL BOND AGENT APPLICATION**

Full Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Resident Address \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)

Business Address \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

List other names you have gone by in the past \_\_\_\_\_

List Residence 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 most recent: (attach additional page if necessary)

Date		Street	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 charged with a felony or any offense involving moral turpitude?    ☐ No    ☐ Yes  
If yes, give complete information, including state, year, and disposition of charges. (Attach additional page if necessary)

Have you ever been found guilty of a felony or any offense involving moral turpitude?    ☐ No    ☐ Yes  
If yes, give complete information, including state, year, and disposition of charges. (Attach additional page if necessary)

Have you ever pled guilty, nolo contendere, or no contest to any felony or any offense involving moral turpitude?  
☐ No    ☐ Yes    If yes, give complete information, including state, year, and disposition of charges. (Attach additional page if necessary)

A licensed bondsman 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 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, employees, and attorneys. ***I hereby waive my right to privacy of the above-specified information or records to the Arkansas Professional Bail Bondsman Licensing Board.***

\_\_\_\_\_  
(Applicant's signature)

STATE OF ARKANSAS                    )  
  )ss  
COUNTY OF \_\_\_\_\_)

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.**