

## ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD PERSONAL REFERENCE FORM

Applicant's Name:					
1. Reference:					
I, Name	whose resident address is Address				
City, State, Zip	telephone		have known		
the applicant name above	years and do hereby verify that				
STATE OF ARKANSAS		(Signature)			
COUNTY OF					
SUBSCRIBED AND SWORN TO before n	ne this day of		20		
My Commission Expires: 2. Reference:		(Notary Publi	ic)		
l, Name	whose resident address is		devose		
			have known		
the applicant name above	years and do hereby verify that	(He/She)	is of good character and reputation.		
STATE OF ARKANSAS		(Signature)			
COUNTY OF					
SUBSCRIBED AND SWORN TO before n	ne this day of		20		
My Commission Expires:		(Notary Publ	ic)		

Form B-12

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3. Reference:						
I, wh	ose resident address is	e resident address is				
City, State, Zip	_ telephone			have known		
the applicant name above years and	do hereby verify that	(He/She)	is of good character a	and reputation.		
STATE OF ARKANSAS		(Signatu	re)			
COUNTY OF						
SUBSCRIBED AND SWORN TO before me this	day of		20			
My Commission Expires:		(Notary F	Public)			