

Act 725: any applicant can request an initial license fee waiver if: (Check all Applicable Boxes)

- Receives Assistance through the Arkansas Medicaid Program (provide copy of current enrollment)
- Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: (provide proof of current enrollment)
- Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. (Provide proof of enrollment)
- Approved for unemployment in the last twelve (12) months (Provide Proof of benefits from the Department of Workforce Services)
- Has an income that does not exceed two hundred percent ((200%) of the federal poverty limit. (Submit tax return for previous year)

Applicant Name:

Address:

City, State, Zipcode:

Email Address:

Phone:

Section Applying For:

Print and mail completed form with proper supporting documentation to:

Arkansas Professional Bail Bondsman Licensing Board

900 West Capitol

Suite 400

Little Rock, AR 72201