



ARKANSAS STATE POLICE

ASP-122 (Rev. 09/07)

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
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 900 West Capitol Ste. 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

aforsaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public