

# APBBLB



Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board

October 1, 2023

All Professional Bail Bond Licenses issued under Arkansas Code Ann. §17-19-101 et. seq. expire December 31, 2023. To renew by January 1, 2024 renewal applications, balance sheets, and licensing fees must be received no later than December 1, 2023.

Pursuant to Rule & Regulation 1, Section 18, renewal applications received after December 1 will be processed; however, beginning December 2<sup>nd</sup> and continuing through December 31, a penalty of one hundred dollars (\$100) per day will be assessed until the packet is received. Renewal applications received after December 15, but prior to December 31, will be processed on the corresponding day in January 2024. (Example: Renewal packet received December 16, 2023 will be processed on January 16, 2024) No bonds shall be issued after December 31 until the new license is issued and received by the bond company/bondsman.

**Renewal applications received after December 31, 2023 will be treated as applications for a new license and the applicant will be required to complete the entire licensing process.**

**Applications will be returned** if errors are found, or **if all questions are not answered**. Items *9a and 9b* must agree with *9c* on the Professional Bail Bond Company License Renewal Application REN B-1. **Packets returned will be processed in the order they are re-submitted.**

Pursuant to Rule & Regulation 1, Section 36, **companies are required to retain all records for a period of five (5) years**; therefore, *anything necessary for the preparation of your company's renewal application should be available in your office. Do not call the Board office for information from, or copies of, documents*

**previously submitted by you.**

Companies shall **submit the following forms** for renewal of a **Company License**:

- |    |                          |   |
|----|--------------------------|---|
| 1. | Form REN B-1             | Company Renewal Application   |
| 2. | Form REN B-2A            | Officer/Director/Shareholder Information Sheet  |
| 3. | Form REN B-2B            | Business Locations Displaying Advertising   |
| 4. | AR920070Z                | Identification Bureau Individual Record Check   |
| 5. | FBI Release Form 2 Pages | Privacy Requirement 2 Forms   |
| 6. | Letter of Credit / CD    | Letter of Credit or CD with assignment letter. <b>See Additional Info on next page.</b> |
| 7. | Secretary of State       | Good Standing   |

**900 West Capitol Suite 400** Little Rock, Arkansas 72201.  
Phone (501) 682-9050. Fax (501) 682-9053

*\* If CD Account Number changed from the previous renewal, please attach the CD Agreement from the bank.*

**\*\*Please disregard if updated Letter of Credit or CD was submitted with a maturity date for 2024 or later\*\***

The following forms must be **submitted for each Bondsman:**

1. Form REN B-3 Bondsman Renewal Application
  2. AR920070Z Identification Bureau Individual Record Check
  3. Specimen copy of Power of Attorney IF POWER CHANGES
  4. Continuing Education Certificate
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**Submit all documents at the same time.** Failure to submit the renewal applications so that licenses can be issued by December 31, 2023, will result in the bond company/ bondsman not being able to conduct bail bond business until the 2024 licenses have been issued. **Renewal application for bondsman received after December 31<sup>st</sup> will be treated as applications for initial licensing and the applicant will have to complete the entire licensing process.**

All professional bail bond companies must include a renewal fee of \$1,000, which includes the fee for the professional bail bond company and one (1) licensed professional bail bondsman. There is a license renewal fee of \$100 for each additional professional bail bondsman.

Please enclose a cashier's check, money order or company check made payable to the Arkansas Professional Bail Bondsman Licensing Board. **PERSONAL CHECKS WILL NOT BE ACCEPTED.**

**If your company is incorporated, a certificate of good standing from the Secretary of State must be provided.** Also, any amended articles of incorporation bearing the seal of the Secretary of State which have not been filed with the Board must be submitted.

***ALL COMPANIES MUST SUBMIT A FINANCIAL BALANCE SHEET LISTING ASSETS, LIABILITIES AND NET WORTH. THIS IS NOT A CERTIFIED PUBLIC ACCOUNTANT STATEMENT.***

Sincerely,

Randy Murray Director

**2024**  
**RENEWAL APPLICATION FORM B-1**  
**PROFESSIONAL BAIL BOND COMPANY**

The undersigned hereby applies for renewal of a Professional Bail Bond Company license and submits the following information for file update:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Domestic Corporation      | <input type="checkbox"/> Partnership    |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Proprietorship |

1. Name of Company \_\_\_\_\_  
(Attach copy of Articles of Incorporation, Partnership Agreement, Sole Proprietorship Affidavit, if amended within past 12 months)

2. Main Office Address \_\_\_\_\_  
Street City State Zip  
(if mailing address is different, please include Mailing Address on separate page)

3. Telephone Number \_\_\_\_\_

4. A. If a Corporation, list name and address of officers.

President _____	_____
Name	Address

Vice-President _____	_____
Name	Address

Secretary _____	_____
Name	Address

Treasurer _____	_____
Name	Address

B. Name and address of Stockholders (attach addition pages is necessary)

_____	_____
Name	Address

_____	_____
Name	Address

_____	_____
Name	Address

C. Name and address of Directors. (attach additional pages if necessary)

_____	_____
Name	Address

_____	_____
Name	Address

_____	_____
Name	Address

COMPANY CODE \_\_\_\_\_

**2024**  
**RENEWAL APPLICATION FORM B-1**  
**PROFESSIONAL BAIL COMPANY**

5. If a Partnership, list name and address of partners and percentage of ownership, Attach a copy of Partnership Agreement, As too each partner, specify whether a general or limited partner.

(Attach additional pages if necessary)

Partner	Partner	Partner
_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ % Ownership	_____ % Ownership	_____ %Ownership
_____ General/Limited	_____ General/Limited	_____ General/Limited

6. If a Sole Proprietorship, list name and address of proprietor.

Name	Address
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7. Attach a list (computer printout encouraged) reflecting recap of bonds written under company license for each agent for the period from 10-1-22 through 9-30-23. List is to reflect information in the following order: **See example below.**

<u>APBI</u>	<u>Peters</u>	<u>42</u>	<u>\$42.00</u>
Agent Number	Agent Name	Number of bonds written	Face value of bonds written
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Totals		_____	_____

8. A. Have you had bond forfeiture during the period of 10-1-22 through 9-30-23 \_\_\_\_\_. If yes, list agent number, bond number, court, defendants name, amount of bond, amount of forfeiture paid and date paid. (Group by agent in ascending order). **Provide a compiled grand total of number of forfeitures and grand total dollar amount of forfeitures.** (Attach additional pages if necessary)

<u>Agent #</u>	<u>Bond #</u>	<u>Court</u>	<u>Defendant</u>	<u>Bond Amount</u>	<u>Forfeiture Paid</u>	<u>Date</u>
_____	_____	_____		\$ _____	\$ _____	
_____	_____	_____		\$ _____	\$ _____	
_____	_____	_____		\$ _____	\$ _____	

**Grant Total - # of Forfeited Bonds** \_\_\_\_\_ **\$** \_\_\_\_\_ **\$** \_\_\_\_\_

(Total of all pages)

**2024**  
**RENEWAL APPLICATION FORM B-1**  
**PROFESSIONAL BAIL COMPANY**

8. A. Bond Forfeitures, continued

<u>Agent #</u>	<u>Bond #</u>	<u>Court</u>	<u>Defendant</u>	<u>Bond Amount</u>	<u>Forfeiture Paid</u>	<u>Date</u>
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	
_____	_____	_____	_____	\$ _____	\$ _____	

**Total number of bonds this page** \_\_\_\_\_ **Total this page** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**2024**  
**RENEWAL APPLICATION B-1**  
**PROFESSIONAL BAIL BOND COMPANY**

b. Do you have outstanding or unpaid forfeiture judgments? \_\_\_\_\_. If yes, state bond # (include agent code), amount, court, defendant's name, date of judgment, and reason for non-payment.

<u>Bond #</u>	<u>Bond Amount</u>	<u>Court</u>	<u>Defendant</u>	<u>Date</u>	<u>Reason for non-payment</u>
__ - __	\$ _____	_____	_____	_____	_____
__ - __	\$ _____	_____	_____	_____	_____
__ - __	\$ _____	_____	_____	_____	_____

(For additional pages go to our website [arbailbonds.statesolutions.us](http://arbailbonds.statesolutions.us) under forms look for Additional Pages Question 8B)

Total Outstanding or Unpaid forfeiture judgments (Total of this page) \$ \_\_\_\_\_

9. a. Total outstanding unsecured bond liability as of 9/30/2023 \$ \_\_\_\_\_

b. Total outstanding secured bond liability as of 9/30/2023 \$ \_\_\_\_\_

c. Total outstanding bond liability (9a + 9b) \$ \_\_\_\_\_

\_\_\_\_\_ hereby state under oath that the information in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

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

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

## OFFICER/DIRECTOR/STOCKHOLDER/PARTNER INFORMATION SHEET

Professional Bail Bond Company \_\_\_\_\_

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Residence Telephone \_\_\_\_\_

(Check all that apply)

Officer ( )      Stockholder ( )      Director ( )      Partner ( )      Limited Partner ( )

1. Have you been arrested, convicted, appeared in court as a defendant, pled guilty, nolocontendere, or not contest to a felony or anything other than a traffic violation? If yes, give complete details, including state, date and disposition of charges. (Attach additional page if necessary)

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2. Are you licensed as a bondsman? \_\_\_\_\_
3. Will you be writing bonds for this professional company? \_\_\_\_\_

I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

My Commission expires: \_\_\_\_\_

**2024**  
**RENEWAL APPLICATION FORM B-2-B**  
**BUSINESS LOCATIONS PUBLICLY**  
**DISPLAYING ADVERTISING**

Pursuant to Rule 1, Section 38, professional bail bond companies shall annually provide the physical address and phone number of offices or business locations publicly displaying advertising.

Name of Company \_\_\_\_\_

Offices Publicly Displaying Advertising

- |   |   |
|---|---|
| <p>1. _____<br/><b>Address</b></p> <p>_____<br/>City, State, Zip</p> <p>_____<br/>Phone</p> | <p>2. _____<br/><b>Address</b></p> <p>_____<br/>City, State, Zip</p> <p>_____<br/>Phone</p> |
| <p>3. _____<br/><b>Address</b></p> <p>_____<br/>City, State, Zip</p> <p>_____<br/>Phone</p> | <p>4. _____<br/><b>Address</b></p> <p>_____<br/>City, State, Zip</p> <p>_____<br/>Phone</p> |
| <p>5. _____<br/><b>Address</b></p> <p>_____<br/>City, State, Zip</p> <p>_____<br/>Phone</p> | <p>6. _____<br/><b>Address</b></p> <p>_____<br/>City, State, Zip</p> <p>_____<br/>Phone</p> |

(Attach additional sheets if necessary)

I, \_\_\_\_\_ hereby state under oath that all the information in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My commission expires: \_\_\_\_\_, 20\_\_\_\_.



## **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 \_\_\_\_\_ Date

<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 \_\_\_\_\_ Date

<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).



# ARKANSAS STATE POLICE

ASP-122  
(Eff. 09/21/2022)

## Identification Bureau Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter ☐

Full Name: \_\_\_\_\_  
*Last name First name Middle name Jr/Sr/III*

\_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_  
*List ALL other names ever used (married, maiden, shortened, etc)*

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
*(Month/Day/Year)*

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
*State*

Physical Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State ZIP*

Mailing Address: \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_ *City State ZIP*

### **APPLICANT RECORD NOTIFICATION**

**Change, Correction, or Updating:** 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 and/or Arkansas Code § 12-12-1013.

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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(First/MI/Last Name) Month/Day/Year*

Release to: \_\_\_\_\_  
*(First/MI/Last Name) or Full Name of Agency*

Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State ZIP*

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

### **THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED**

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