

APBBLB



Arkansas Professional Bail Bond Company and Professional Bail Bondsman Licensing Board

October 1, 2019

All Professional Bail Bond Licenses issued under Arkansas Code Ann. §17-19-101 et. seq. expire December 31, 42390 To renew by January 1, 2018, renewal applications, financial statements, and licensing fees must be received no later than December 1, 2017.

Pursuant to Rule & Regulation 1, Section 18, renewal applications received after December 1 will be processed; however, beginning December 2nd 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 2018. (Example: Renewal packet received December 16, 2017 will be processed on January 16, 2018) 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, 2017 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. In addition, *item 10a* must agree with the *Quarterly Reports* submitted for the period. **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

101 East Capitol. Suite 117. Little Rock, Arkansas 72201.

Phone (501) 682-9050. Fax (501) 682-9053

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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

Submit all documents at the same time. Failure to submit the renewal applications so that licenses can be issued by December 31, 2017, will result in the bond company/ bondsman not being able to conduct bail bond business until the 2018 licenses have been issued. **Renewal application for bondsman received after December 31st 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,

L. E. Peters

2018
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 _____

2018
RENEWAL APPLICATION FORM B-3
PROFESSIONAL BAIL BONDSMAN LICENSE

COMPANY CODE & LICENSE # _____ - _____

I, the undersigned, hereby apply for renewal of the license specified below and submit the following information.

1. Name _____
Last First Middle

2. A. BUSINESS _____
Street City State Zip Phone

B. RESIDENCE _____
Street City State Zip Phone

3. Have you been arrested or been a defendant in court during the last two (2) years? If yes, give complete details, including the court and state where proceeding were held, dates and disposition.
(Attach additional page if necessary)

____ I hereby certify that I have not been arrested or been a defendant in court during the last
Initials two (2) years.

4. List any elected, appointed or employee position you hold with a city, township, county, state, or federal agency or law enforcement agency, whether you receive compensation or not.

5. List any full or part-time position held with any business or entity other than the bond company you are renewing with.

COMPANY/FIRM	POSITION	DATE EMPLOYED
_____	_____	_____

ATTACH CONTINUING EDUCATION CERTIFICATE

I hereby certify that the foregoing is a true and accurate statement.

Signed: _____
Applicant

**2018
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 10-1-16 through 9-30-17. List is to reflect information in the following order: **See example below.**

<u>APB1</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 10-1-16 through 9-30-17 _____. 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)

**2018
RENEWAL APPLICATION FORM B-1
PROFESSIONAL BAIL COMPANY**

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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** \$ _____ \$ _____

2018
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>
__ - __	\$ _____	_____	_____	__ / __ / __	_____
__ - __	\$ _____	_____	_____	__ / __ / __	_____
__ - __	\$ _____	_____	_____	__ / __ / __	_____

(Attach additional pages as necessary)

Total Outstanding or Unpaid forfeiture judgments (Total of all Pages) \$ _____

9. a. Total outstanding unsecured bond liability as of 9/30/2017 \$ _____
- b. Total outstanding secured bond liability as of 9/30/2017 \$ _____
- c. Total outstanding bond liability (11a + 11b) \$ _____

_____ 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 _____

Officer () Stockholder () (Check all that apply)
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)

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.

Subscribed and sworn to before me this _____ day of _____, 2_____

Signature

Notary Public

My Commission expires: _____

**2018
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

1. _____
Address

City, State, Zip

Phone

2. _____
Address

City, State, Zip

Phone

3. _____
Address

City, State, Zip

Phone

4. _____
Address

City, State, Zip

Phone

5. _____
Address

City, State, Zip

Phone

6. _____
Address

City, State, Zip

Phone

(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 _____, 2____.

My commission expires: _____, 2____.

Notary Public



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 phone) (501)682-9050
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 101 E CAPITOL, SUITE 117, 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
aforesaid, this the _____ day of _____, 20 _____.

Notary Public