ARKANSAS PROFESSIONAL BAIL BOND

(STATE

SEAL) LICENSING BOARD

COMPLAINT FORM

COMP	PLAINING				_
					-
		City		_State	-
		Zip Code	Pho:	ne	-
PART	Y OR COM		ECT TO COMPLAIN	T	-
		Company			-
		Address		State	-
			City	State	
		Zip Code	Pho:	ne	-
	Bondsman	Involved		Occurrence date	_
3.	Explain lattach co	oelow the fa opies of any	cts of your proble information you	em or complaint. Also have regarding the matt	please er.

Attach additional sheets if necessary. The affidavit below must be signed by you, under penalty of perjury, and notarized.
<u>AFFIDAVIT</u>
I, the undersigned, do hereby swear and affirm, under penalty of perjury, that the facts of my complaint, as well as any evidence and documentation is support thereof, are true and accurate to the best of my knowledge.
Date Signature
Date
STATE OF ARKANSAS) COUNTY OF)
Subscribed and sworn to before me on thisday of, 20
Notary Public
MY COMMISSION EXPIRES:

Send this form to:

Executive Director

Professional Bail Bondsman Licensing Board

101 East Capitol, Suite 117 Little Rock, Arkansas 72201 Telephone: (501) 682-9050