

**PARTNER / SHAREHOLDER
APPLICATION**

FOR OFFICE USE ONLY
EFFECTIVE 8/21/97
EXPIRES _____

**IN ACCORDANCE WITH THE PROVISIONS OUTLINED IN ARKANSAS CODE
17-40-101 ET. SEQ., EACH PARTNER OR SHAREHOLDER WHO HOLDS AT
LEAST TWENTY-FIVE (25) PERCENT OR MORE OF THIS COMPANY IS
REQUIRED TO COMPLETE THIS APPLICATION. NO FEE IS REQUIRED
WITH THIS APPLICATION**

COMPANY NAME _____

NAME _____ SS# _____ - _____ - _____
 LAST FIRST MI

MAILING ADDRESS: _____
 # & Street City County State/Zip

DOB: ___/___/___ HTG: _____ EYES: _____ HAIR: _____ SEX: _____ WGT: _____

DRIVER'S LICENSE: _____ HOME PHONE: () _____
 State Number

PLACE OF BIRTH: _____
 City County State Country

LIST ALL EMPLOYERS DURING THE PAST TEN YEARS, STARTING WITH THE MOST RECENT
(Use additional pages, if necessary)

PREVIOUS EMPLOYER:

NAME: _____

ADDRESS: _____
 # & Street City State/Zip Phone

Date employed: ___/___/___ Date employment ended: ___/___/___

Reason for leaving: _____

NAME: _____

ADDRESS: _____
 # & Street City State/Zip Phone

Date employed: ___/___/___ Date employment ended: ___/___/___

Reason for leaving: _____

NAME: _____

ADDRESS: _____

& Street City State/Zip Phone

Date employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

NAME: _____

ADDRESS: _____

& Street City State/Zip Phone

Date employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

NAME: _____

ADDRESS: _____

& Street City State/Zip Phone

Date employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

LIST ALL RESIDENCES FOR THE LAST 10 YEARS BEGINNING WITH THE MOST RECENT
(Use additional pages, if necessary)

& Street City State/Zip From: ____/____/____ To: ____/____/____

& Street City State/Zip From: ____/____/____ To: ____/____/____

& Street City State/Zip From: ____/____/____ To: ____/____/____

& Street City State/Zip From: ____/____/____ To: ____/____/____

& Street City State/Zip From: ____/____/____ To: ____/____/____

& Street City State/Zip From: ____/____/____ To: ____/____/____

WARNING TO APPLICANT: PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND PUNISHABLE AS SET FORTH IN ARKANSAS CODE 5-53-103

THE APPLICANT MUST LIST ALL CONVICTIONS OF A **FELONY, CLASS "A" MISDEMEANOR CRIME INVOLVING AN ACT OF VIOLENCE OR MORAL TURPITUDE**. IF THE APPLICANT HAS BEEN CONVICTED, HE OR SHE MUST ATTACH DOCUMENTATION CERTIFIED BY THE COURT AS TO THE DISPOSITION OF THE CHARGE. THE APPLICANT MUST ALSO LIST CRIMINAL CHARGES NOW PENDING OR ON APPEAL. **DO NOT LIST TRAFFIC VIOLATIONS EXCEPT FAILURE TO APPEAR**.

Charge	Location	Date	Disposition

THE APPLICANT STATES ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT AND THAT THE APPLICANT WILL UPHOLD THE CONSTITUTIONS OF THE UNITED STATES AND THE STATE OF ARKANSAS.

SIGNED: _____ DATE: _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the county and state aforesaid, this the _____ day of _____ 20_____.

Notary Public

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN

I understand that the Arkansas State Police for the Arkansas Board of Private Investigators and Private Security Agencies will conduct a thorough background investigation before rendering a final decision regarding my eligibility for licensure and/or registration and this investigation will include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police and the Arkansas Board of Private Investigators and Private Security Agencies and I do, hereby, give my consent and authority that any information and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of the information they furnished.

NOTE: THIS RELEASE IS VALID AS LONG AS I AM UNDER THE JURISDICTION OF THE ARKANSAS BOARD OF PRIVATE INVESTIGATORS AND PRIVATE SECURITY AGENCIES (ARKANSAS CODE ANNOTATED 17-40-101 ET. SEQ.)

A COPY OF THIS AUTHORITY TO RELEASE SHALL SERVE IN PLACE OF THE ORIGINAL.

PLEASE TYPE

FULL NAME: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE _____

State of _____)

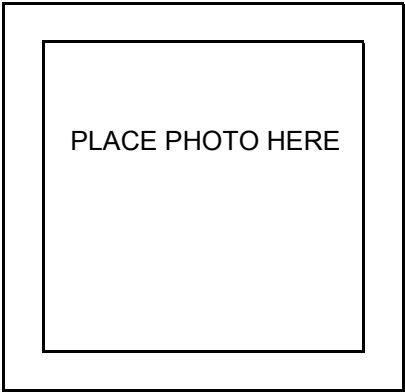
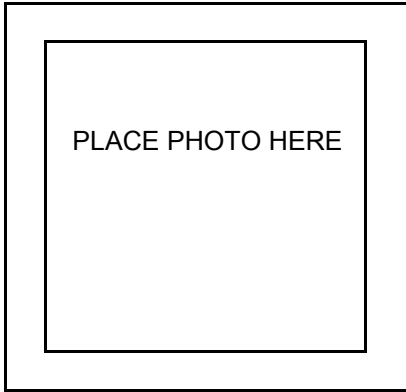
)

County of _____)

)

Subscribed and sworn to before me a Notary Public in and for the County and State aforesaid, this the _____ day of _____, 20_____.

Notary Public



PLEASE INSURE THAT PHOTOS ARE FIRMLY ATTACHED



DO NOT WRITE IN THE SPACES BELOW
FOR BOARD USE ONLY

I.D. BUREAU

RECORD

NO RECORD

C.I.D.

NCIC

WANTED

NOT WANTED

TRAFFIC RECORD

NO TRAFFIC RECORD

Signature of person making inquiry: _____

Date: _____