

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
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BOARD USE ONLY
CK or MO # _____
Date CK/MO _____
Rec'd \$ _____
R# _____
Posted by _____
APP Processed by _____
APP Reviewed by _____

Board Use Only:

License Number	Issue Date	Temp. Expire	Perm. Expire
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FORM 5020 ADMISSION REPRESENTATIVE RENEWAL APPLICATION

Fee \$375

(Lines will expand as needed)

LAST NAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS		
HOME CITY	STATE	ZIP
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	
NAME OF SCHOOL		
ADDRESS (LOCATION)		
CITY	STATE	ZIP

In order to process this application, the following items must be attached:

1. One (1) **Passport Photograph** sized 2" X 2".
2. A completed **FORM 6050 – ARKANSAS STATE POLICE IDENTIFICATION BUREAU INDIVIDUAL RECORD CHECK.**
3. One (1) completed **FBI Fingerprint Card** supplied by **SBPCE with appropriate fees.**
4. The **fee of \$375** for the three-year license.

Answer the following question by marking the appropriate box:

YES NO Since your last background check, have you been involved in an incident that could be reported on a State Police or FBI background check?

STATEMENT OF COMPLIANCE BY ADMISSION REPRESENTATIVE AND SCHOOL

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete, and accurate. I affirm that I have read Arkansas Code Annotated § 6-51-601 et.al. and the Regulations of the State Board of Private Career Education. I will operate in compliance with the laws of Arkansas and the Regulations of the State Board of Private Career Education.

Printed Name of Applicant	Signature of Applicant (Sign in Blue Ink)	Date
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Printed Name of Official	Title
Signature of Official (Sign in Blue Ink)	Date