

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
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LITTLE ROCK, AR 72201
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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	Expiration Date

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 would 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	Date

Printed Name of Official	Title
Signature of Official	Date