

APPENDIX A-1
APPLICATION FOR RESERVATION OF RECOVERY ZONE VOLUME CAP

Type of Recovery Zone Bond Allocation Requested

Recovery Zone Economic Development Bonds

Recovery Zone Facility Bonds

Name of Issuer:	
Principal Amount of Bonds to be Issued:	
Amount of RZ Volume Cap Requested:	
Date Bond Resolution Adopted: ATTACH COPY	
Name of Principal User:	
Arkansas Statutory Authorization for and Type of Bond:	
Project Description and employment data- (new, existing and pay levels.)	
Bond Counsel Name, Address and Telephone Number:	

By: _____
 Bond Counsel

The above Application for Reservation of Recovery Zone Volume Cap was received by Arkansas Development Finance Authority on _____, 20__, _____ o'clock ____ .m.

Upon review and determination of the Volume Cap Allocation Committee pursuant to the Governor of Arkansas Executive Order EO 09-13, this Request for Reservation of Recovery Zone Volume Cap is approved this ____ day of _____, 20__. Under penalty of perjury, I certify that this allocation was not made in consideration of any bribe, gift, gratuity or direct or indirect contribution to a political campaign.

Reservation No: _____

 Arkansas Development Finance Authority

(S E A L)

Date Acknowledged: _____