



**Applicant's Name:** \_\_\_\_\_

**Controlling Person Designee**

**ACCEPTANCE CERTIFICATION**

**A.C.A. §17-14-407 (C)(2) B**

I, \_\_\_\_\_, (name of designee) do hereby certify that I am fully aware of my responsibilities under Act 628 of 2009 as the designated controlling person/managing principal to ensure compliance with all applicable state laws and Board rules on behalf of the Registrant company's operation in Arkansas.

I, further certify, that being of sound body and mind, I have personally accepted the assigned responsibility of the controlling person as defined in the statutes.

Witness the hand and seal of the undersigned at (city, state) \_\_\_\_\_

This the \_\_\_\_\_ day of (Month) \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Certifier's Signature

\_\_\_\_\_  
(Notary Public Signature)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_