

ARKANSAS FIRE PROTECTION LICENSING BOARD

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 72201

Telephone (501) 661-7903 Fax (501) 603-3540

Email: Patricia.L.White@arkansas.gov or

Sarah.Johnson@arkansas.gov

Date _____ Check # _____ Amount \$ _____
Processed By _____ License Year _____

**APPLICATION FOR TRANSFER
TRANSFER OF LICENSE FEE \$25.00**

DIRECTIONS: Appropriate fees and forms must accompany application. Complete answers must be provided to all questions. **PLEASE PRINT OR TYPE.** Any false statement or material misrepresentation on this application shall be cause for denial, suspension, or revocation of license.

Name: _____ License # _____

Print Last First Middle

Home Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____ Social Security Number _____

Driver's License Number _____ State _____

Signature of Licensee: _____ Date: _____

Transfer license from Name of Firm _____

Mailing Address _____

Telephone () _____ Fax () _____ Email _____

Transfer license to Name of Firm _____

Mailing Address _____

Telephone () _____ Fax () _____ Email _____

Have you started to work for new firm? ___Yes ___NO If yes, give date _____

RESPONSIBLE MANAGING EMPLOYEE

Responsible Managing Employee attach to this application a copy of NICET’s notification letter regarding successful completion of the examination requirements for certification at Level III or higher for Fire Protection Automatic Sprinkler System Layout.

Certification by Certified Firm:

I certify the applicant is an employee of _____ and will represent this firm, upon transfer of license, subject to A.C.A.20-22-601, as amended, and the Rules and Regulations adopted thereto.

Our firm has investigated the character and reputation of the applicant and we are satisfied the applicant will act in good faith to the public. The firm is not aware of any fact or condition that would disqualify applicant from receiving a license.

Signature of Firm Officer _____ Title _____

Company Certificate of Registration Number _____ Date _____

Make check or money order payable to: **ARKANSAS FIRE PROTECTION LICENSING BOARD**