



ARKANSAS FIRE PROTECTION LICENSING BOARD

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Little Rock, Arkansas 72201
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Email: Patricia.L.White@arkansas.gov or
Sarah.Johnson@arkansas.gov

AFPLB Admin Date _____ Check # _____ Amount \$ _____
Use Only 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 _____
Company License # _____
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**