

**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](mailto:Patricia.L.White@arkansas.gov) or

[Sarah.Johnson@arkansas.gov](mailto:Sarah.Johnson@arkansas.gov)

Date _____	Check # _____	Amount \$ _____	Processed By _____
APPRENTICE PERMIT # _____		Licensing Year: _____	

**APPLICATION FOR APPRENTICE PERMIT**

**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 of this application shall be cause for denial, suspension, or revocation of a Permit.

**Fees:**

Apprentice Permit (Dry/Wet Chemical Extinguisher)	_____ \$15.00
Apprentice Sprinkler Permit	_____ \$25.00

Name: \_\_\_\_\_

<b>Print</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
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Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Firm \_\_\_\_\_ Arkansas License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**CERTIFICATE BY APPLICANT**

I certify that I am familiar with A.C.A.20-22-601, as amended, and the Rules issued pursuant thereto. I certify that all information listed on this application is true and accurate. I understand any false statement or misrepresentation will be cause for denial, suspension, or revocation of my permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I certify the applicant is an employee of \_\_\_\_\_ and will represent this firm, upon licensing, subject to A.C.A.20-22-601, as amended, and the Rules adopted pursuant 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**