

ARKANSAS FIRE PROTECTION LICENSING BOARD

900 W. Capitol Ave., Suite 400
Little Rock, Arkansas 7220
Telephone (501) 661-7903 Fax (501) 603-3540
Email: Patricia.L.White@arkansas.gov or
Sarah.Johnson@arkansas.gov

Date_____	Check #_____	Amount \$_____
Processed By_____	Licensing Year _____	

COMPANY CHANGE FORM

DIRECTIONS: Appropriate fees and forms must accompany application.

PLEASE PRINT OR TYPE.

CHANGE UPDATE \$25.00

Current Company Name_____

New Company Name_____

Company License #_____

Mailing Address_____

Physical Address_____

Telephone () _____ Fax () _____ Email _____

Name of Owner_____

Signature of Owner/Manager_____

NOTE: if the name of the Company is changing, **you will need to complete a transfer form on every licensed individual with the new Company name.**

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