



## ARKANSAS FIRE PROTECTION LICENSING BOARD

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 7220

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

<b>AFPLB Admin</b>	Date _____	Check # _____	Amount \$ _____
<b>Use Only</b>	Processed By _____	Licensing Year _____	

### COMPANY CHANGE OR DUPLICATE FORM

**DIRECTIONS:** Appropriate fees and forms must accompany application.

Note: The proposed company name may be rejected by the Board should it be determined that the name submitted is similar to another licensed company name or is misleading to the public. **Please call prior to submitting a company name for approval.**

**PLEASE PRINT OR TYPE.**

☐ **DUPLICATE LICENSE \$25.00**

☐ **NAME CHANGE \$25.00**

Current Company Name \_\_\_\_\_

New Company Name \_\_\_\_\_

Company License # \_\_\_\_\_

**If Name Change, you will have to complete a separate form for each license type (Portable/Fixed or Sprinkler)**

**NOTE:** if the name of the Company is changing, **you will need to complete a separate Transfer form on every licensed individual with the new Company name for each license type (Portable/Fixed or Sprinkler).**

☐ **ADDRESS CHANGE \$25.00**

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name of Owner \_\_\_\_\_

Signature of Owner/Manager \_\_\_\_\_

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

Revised: 11/01/2023