APPLICATION FOR EXAMINATION

**DIRECTIONS:** Appropriate 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 license.

**Examination Date Requested:** _____________________________________________________

**Name:** ________________________________________________________________________

- **Print Last**
- **First**
- **Middle**

**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** _________________________________________________________________________

**Check the appropriate examination and fee for examination:**

<table>
<thead>
<tr>
<th></th>
<th>1st Time</th>
<th>Each Time After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable Fire Extinguisher</td>
<td>$60.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Fixed System Wet/Dry</td>
<td>$60.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Fixed System CO2</td>
<td>$60.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Fixed System Halon</td>
<td>$60.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Clean Agent</td>
<td>$60.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Class “A”</td>
<td>$60.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Class “B”</td>
<td>$60.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Fire Sprinkler Inspector</td>
<td>$150.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Responsible Managing Employee</td>
<td>$300.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Sprinkler Fitter</td>
<td>$50.00</td>
<td>$25.00</td>
</tr>
</tbody>
</table>
Applicant holds a current license issued by the Arkansas Fire Protection Licensing Board.

_________YES _________ NO   If yes, give current license number ____________________

Applicant has been previously licensed by the Arkansas Fire Protection Licensing Board. ______

Has applicant ever appeared before a regulatory body for violation in the conduct of business?

________ YES _________ NO   If yes, please explain __________________________________

The Board may require additional information concerning the above.

For Responsible Managing Employees attach current NICET Certification.

For Sprinkler Inspector attach Sprinkler Inspector Affidavit.

For Sprinkler Fitter attach Sprinkler Fitter Affidavit.

CERTIFICATE BY APPLICANT

I certify that I am familiar with ACT 743 of 1977, as amended, and the Rules and Regulations 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 ACT 743, as amended, and the Rules and Regulations 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
Application must be received one week prior to requested examination. Do not send money with application. Applicant must bring payment the day of examination.

REVISED: 08/01/2021