

**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)

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

Date _____	Check # _____	Amount \$ _____	Processed By _____
INDIVIDUAL LICENSE # _____		Licensing Year _____	

**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: \_\_\_\_\_

<b>Print Last</b>	<b>First</b>	<b>Middle</b>
-------------------	--------------	---------------

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 \_\_\_\_\_

<b>Check the appropriate examination and fee for examination:</b>	<b>1<sup>st</sup> Time</b>	<b>Each Time After</b>
Portable Fire Extinguisher	____ \$60.00	____ \$25.00
Fixed System Wet/Dry	____ \$60.00	____ \$25.00
Fixed System CO2	____ \$60.00	____ \$25.00
Fixed System Halon	____ \$60.00	____ \$25.00
Clean Agent	____ \$60.00	____ \$25.00
Class "A"	____ \$60.00	____ \$25.00
Class "B"	____ \$60.00	____ \$25.00
Fire Sprinkler Inspector	____ \$150.00	____ \$25.00
Responsible Managing Employee	____ \$300.00	____ \$25.00
Sprinkler Fitter	____ \$50.00	____ \$25.00

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.**

**Workforce Waiver – Act 725 of 2021**

Fire Protection Licensing Board has implemented a waiver of the Initial licensing fee for Applicants who qualify for the Workforce Expansion Act 725 of 2021. If applicant thinks they meet this qualification, for this waiver please contact the office at (501) 661-7903

**Expedited Military Licensure**

Fire Protection Licensing Board will grant expedited licensure to an applicant who falls under the definition of “Uniformed service member”. If the applicant thinks they meet this qualification, please contact the office at (501) 661-7903

**CERTIFICATE BY APPLICANT**

I certify that I am familiar with ACA 20-22-601, 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 ACA 20-22-601, 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.**