



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
 Email: Sarah.Johnson@arkansas.gov

AFPLB Admin Use Only	Date _____	Check # _____	Amount \$ _____
INDIVIDUAL LICENSE # _____ Licensing Year _____ Processed By _____			

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:	1st Time	Each Time After
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.**