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 or Sarah.Johnson@arkansas.gov

AFLPB Admin Date_________ Check #__________________ Amount $___________
Use only Processed By___________ Licensing Year ___________________

CHANGE OR DUPLICATE FOR INDIVIDUAL

Change $25.00_________
Duplicate $25.00_________

Form is to be used to update any change in the Individual’s address, phone, etc.,
or to purchase a duplicate license.

DIRECTIONS: Appropriate fees and forms must accompany application. Complete answers must
be provided to all questions. PLEASE PRINT OR TYPE.

Arkansas Fire Protection Licensing Board Certificate of Registration Number: ______________
Name of Firm ____________________________________________________________
Mailing Address ____________________________________________________________
City _____________________________ State ____________ Zip Code____________________
Telephone ( ) _____________ Fax ( ) _____________ Email __________________________
Signature of Owner/Manager ________________________________________________

Name: ____________________________________________________________License #____________
Print    Last                                First                      Middle
Home Address ____________________________________________________________
City _____________________________ State ____________ Zip Code____________________
Telephone Number ( ) __________________ Cell Number ( ) _______________________
Driver’s License Number ____________________________________________________________________________
Social Security Number ____________________________ Date of Birth ___/____/_____
Signature of Licensee: ____________________________________ Date: ____________________

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

REVISED: 11/01/2023