



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 _____ State _____
Social Security Number _____ Date of Birth ____/____/____
Signature of Licensee: _____ Date: _____

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