



**ARKANSAS FIRE PROTECTION LICENSING BOARD**

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 72201

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Email: [Patricia.L.White@arkansas.gov](mailto:Patricia.L.White@arkansas.gov) or

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

<b>AFPLB Admin</b>	Date _____	Check # _____	Amount \$ _____
<b>Use Only</b>	Licensing Year _____	Processed By _____	

**APPLICATION FOR INDIVIDUAL RENEWAL OF LICENSE**

**Form is to be used to renew an expired license.**

**DIRECTIONS:** Appropriate fees and forms must accompany application. Complete answers must be provided to all questions. **PLEASE PRINT OR TYPE. Completed and send with Firm renewal application.**

Arkansas Fire Protection Licensing Board Certificate of Registration Number: \_\_\_\_\_

Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Signature of Owner/Manager \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_

**Print Last First Middle**

**License Type: (Circle)**

**Sprinkler License: RME, INS, Fitter, ASP**

**Portable/Fixed License: P, F, A, B, CA, H, CO2**

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: \_\_\_\_\_

I certify the applicant is an employee of \_\_\_\_\_  
and will represent this firm, upon licensing, subject to A.C.A.20-22-601, as amended, and the  
Rules adopted pursuant thereto.

I further certify, under penalty of law, that all necessary affidavits and training certificates for  
the applicant named on this application are current.

Our firm has investigated the charter 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.

\_\_\_\_\_  
Name of Firm Officer (Please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Firm Officer

\_\_\_\_\_  
Date

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