APPLICATION FOR RENEWAL
PORTABLE/FIXED FIRE SUPPRESSION SYSTEM

DIRECTIONS: Appropriate fees and forms must accompany application. Complete answers must be provided to all questions. PLEASE PRINT OR TYPE. Any false statement or material of this application shall be cause for denial, suspension, or revocation of a Certificate of Registration.

Renewal Fees for Firms:
Certificate of Registration Portable Fire Extinguishers __________ $300.00
Certificate of Registration Fixed Fire Extinguishers __________ $300.00
Certificate of Registration Class A Hydrostatic Testing __________ $100.00
Certificate of Registration Class B Hydrostatic Testing __________ $ 50.00
Branch Office __________ $ 25.00

Renewal Fees for Individual License:
Portable $30.00 X ______ = ________
Fixed (Clean Agent) (CO2) (Halon) $30.00 X ______ = ________
Class A Hydrostatic $15.00 X ______ = ________
Class B Hydrostatic $10.00 X ______ = ________

ARKANSAS FIRE PROTECTION LICENSING BOARD CERTIFICATE OF REGISTRATION NUMBER
PF#________________________ P#_____________________

Name of Firm___________________________________________________________________________________
Mailing Address_________________________________________________________________________________
Physical Address_________________________________________________________________________________
Telephone ( ) ____________ Fax ( ) ____________ Email _____________________________________________
Name of Owner/Manager __________________________________________________________________________
Name of Branch Office________________________________

Mailing Address of Branch Office___________________________________________________

Physical Address of Branch Office___________________________________________________

Telephone (     ) _____________ Fax (     ) _____________ Email __________________________

Manager of Branch Office_________________________________________________________

Please check your preferred mailing address: _________ Home Office ________ Branch Office

The following information must accompany the application for Certificate of Registration to be renewed.

1. A completed information section located at the end of the application for every employee.
2. Copy of DOT letter.

Complete the following if applying for a Fixed System Certificate of Registration.
Note: The information must be current and on file with Board Office at all times.

List Brand Name of system(s) for which company is to be licensed. (Example: Ansul, Wet Pre-Engineered).

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CERTIFICATE AND AUTHORIZATION

I certify that I am familiar with ACT 743 of 1977, as amended, and the Rules and Regulations issued pursuant thereto. I also certify that under penalty of law that all necessary information is current and on file with the Arkansas Fire Protection Licensing Board.

Authority is hereby granted to the Arkansas Fire Protection Licensing Board or its representative, to enter, examine and inspect any premises, building, room or establishment used in connection with the Certificate of Registration for which I am applying, to determine compliance with the provisions of State Law and Rules and Regulations adopted by the Arkansas Fire Protection Licensing Board.

_____________________________                      _______________________
Name of owner or officer (Please print or type)                                   Title

_____________________________                      _______________________
Signature of owner or officer                                                                    Date

Make check or money order payable to: ARKANSAS FIRE PROTECTION LICENSING BOARD
Name: ______________________________ License # ______ Type: (P) (F) (A) (B) (CA) (H) (C02)
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: ___________________

REVISED: 08/01/2021