



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	Licensing Year _____	Processed By _____	

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	\$30.00 X _____	= _____
Clean Agent	\$30.00 X _____	= _____
CO2	\$30.00 X _____	= _____
Halon	\$30.00 X _____	= _____
Class A Hydrostatic	\$15.00 X _____	= _____
Class B Hydrostatic	\$10.00 X _____	= _____

***Note: If your address has changed in the last year, a Change of Address form is required.**

ARKANSAS FIRE PROTECTION LICENSING BOARD CERTIFICATE OF REGISTRATION NUMBER

PF# _____ Or 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 always current and on file with Board Office.

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

Brand _____ Type _____

Brand _____ Type _____

Brand _____ Type _____

Brand _____ Type _____

CERTIFICATE AND AUTHORIZATION

I certify that I am familiar with A.C.A.20-22-601, 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**

Signature must be from the licensee. Each license type counts as a separate fee. Addresses of the individuals are only required if it has changed in the last year.

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: _____

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: _____

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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: _____

Signature must be from the licensee. Each license type counts as a separate fee. Addresses of the individuals are only required if it has changed in the last year.

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Driver's License Number _____ State _____
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Signature of Licensee: _____ Date: _____

REVISED: 11/01/2023