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

AFPLB Admin Date____________ Check #_____________ Amount $______________
Use Only Licensing Year________________________ Processed By__________

RENEWAL APPLICATION
FIRE PROTECTION SPRINKLER FIRM

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 misrepresentation of this application shall be cause for denial, suspension, or revocation of a Certificate of Registration.

Renewal Fees for Firms:
Certificate of Registration Sprinkler System __________$700.00
Branch Office __________$25.00

Renewal Fees for Individual Licenses:
Responsible Managing Employee $300.00 X ________ = ___________
Fire Sprinkler Inspector $150.00 X ________ = ___________
Sprinkler Fitter $ 50.00 X ________ = ___________
Sprinkler Apprentice Permit $ 25.00 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: FSS-__________
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_________________________________________________________
Doing Business As: ___________ Individual ___________ Partnership ___________ Corporation

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

The following information must accompany the application for Sprinkler Firm Certificate of Registration and must meet the minimum requirements of the State Law. Please refer to the Rules and Regulations for requirements and samples. The information must always stay current and on file with the Arkansas Fire Protection Licensing Board. Your license will be suspended or revoked if you fail to keep this information current.

1. A Completed information section, located on page 3 for every employee.
2. A current Certificate of Insurance showing a minimum limit of $1,000,000.00.
3. Samples of all tags used by firm. (NOT A COPY)
4. Sample of firm’s Hydraulic Placard. (NOT A COPY)
5. Copy of Responsible Managing Employee’s current NICET Certification.

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. Addresses of the individuals are only required if it has changed in the last year.

LICENSED EMPLOYEES:
Name: ___________________________ License # ________ TYPE: (RME)(INS)(FITTER)(ASP)
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: (RME)(INS)(FITTER)(ASP)
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Signature of Licensee: __________________________________ Date: __________________
Signature must be from the licensee. Addresses of the individuals are only required if it has changed in the last year.

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Revised: 11/01/2023