



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 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)

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)

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)

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. 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)

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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Telephone Number (____) _____ Cell Number (____) _____

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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: _____

Revised: 11/01/2023