Sprinkler Fitter Affidavit

This form is to be used by an individual desiring to be licensed by the Arkansas Fire Protection Licensing Board for installing and/or servicing fire sprinkler systems.

I____________________________________ testify that ____________________________________________

(RME) (Name of Individual)

has received competent training and the applicant has 6,000 hours of experience with fire protection sprinkler systems and the knowledge to hold a sprinkler fitter license in the state of Arkansas.

RME Signature ________________________________________________ Date: ______________

License Number: ______________________________

Signature of Individual: ______________________________ Date: ______________

Company Name ______________________________________________

Company License Number_______________________________________

NOTARY SEAL:

County of: __________________________ State Of: __________________________

Acknowledged before me, this ________________ Day of ______________ 20____________

Notary Public __________________________________________ Commission Expires: __________

Revised: 08/01/2021