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Arkansas Fire Protection Licensing Board

900 W. Capitol Ave., Suite 400 Little Rock, Arkansas 72201 Telephone (501) 661-7903 Fax (501) 603-3540 Email: <u>Patricia.L.White@arkansas.gov</u>or <u>Sarah.Johnson@arkansas.gov</u>

Sprinkler Inspector Affidavit

I, ______, swear and affirm that the following statements regarding the Print RME Name

Applicant, _____, are true and correct and based on my personal knowledge and Print Applicant Name

can **provide** one of the following documents that meets the requirements for the candidate to be considered for an Inspector's license per Sprinkler Rules pg. 9 section H:

Check one or more of the following **and provide**:

- 1. An Inspector or Fitter License Affidavit, which must be signed by the firm's RME testifying to the competency of the individual's training and having 6,000 hours of experience with fire protection sprinkler systems; or
- 2. Proof of completion of an approved three (3) year apprenticeship program with the US Dept. of Labor Fire Sprinkler Fitter Program in order to obtain a Fitter License; or
- 3. A minimum of a NICET Level II in Inspection and Testing of Water- Based Systems certificate or wallet card: or

4.

Evidence of certification by a program approved by the Board.

I declare under penalty of perjury under the laws of the United States of America that the preceding is true and correct.

Executed on this ____ day of _____, 20____.

RME Signature

NOTARY SEAL:			
County of:	_ State Of:		
Acknowledged before me, this	Day of	20	
Notary Public	Con	mmission Expires:	