



**Arkansas Fire Protection Licensing Board
Arkansas Department of Labor & Licensing**

900 West Capitol, Suite 400, Little Rock, AR 72201
501-661-7903 (O) * Katherine.Dunford@arkansas.gov

AFPLB Admin Use Only	Date _____	Check # _____	Amount \$ _____
INDIVIDUAL LICENSE # _____ Licensing Year _____ Processed By _____			

APPLICATION FOR EXAMINATION
In-Person Exams are Offered the 1st and 3rd Tuesday of Each Month

DIRECTIONS: 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 license. **A maximum of TWO in-person exams may be taken per examination date. All applications must be received one week prior to the requested date. All new licenses/apprentice permit holders/ unexpired licenses past 2 years REQUIRE Rules and ACA's to receive a license.**

Examination Date(s) Requested: _____

Applicant Information:

Name: _____
Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

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

Driver's License #: _____ State: _____

Social Security Number: _____ DOB: ____ / ____ / ____

Signature of Licensee: _____ Date: _____

Company Information:

Arkansas Fire Protection Licensing Board Certificate of Registration Number: _____

Name of Firm or Branch: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:(____)_____ Fax:(____)_____ Email: _____



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DIRECTIONS: The agency fee for each exam is paid to the Arkansas Fire Protection Licensing Board, and all exam fees are paid to Career tech Cttc through their website. Register for Remote [HERE](#) (\$75 exam fee). You must check the appropriate Agency Fee and exam method.

First Attempt Agency Fee

- | | |
|--|--|
| <input type="checkbox"/> Portable Fire Extinguisher.....\$60 | <input type="checkbox"/> Class B..... \$60 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Fixed System Wet/Dry\$60 | <input type="checkbox"/> *Responsible Managing Employee \$300 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Fixed System CO2.....\$60 | <input type="checkbox"/> **Fire Sprinkler Inspector \$150 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Fixed System Halon.....\$60 | <input type="checkbox"/> ***Fire Sprinkler Fitter \$50 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Clean Agent\$60 | <input type="checkbox"/> Portable Rules & ACAs..... \$0 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Class A.....\$60 | <input type="checkbox"/> Sprinkler Rules & ACAs..... \$0 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |

Retest Agency Fee

- | | |
|--|--|
| <input type="checkbox"/> Portable Fire Extinguisher.....\$25 | <input type="checkbox"/> Class B..... \$25 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Fixed System Wet/Dry\$25 | <input type="checkbox"/> *Responsible Managing Employee \$25 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Fixed System CO2.....\$25 | <input type="checkbox"/> **Fire Sprinkler Inspector \$25 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Fixed System Halon.....\$25 | <input type="checkbox"/> ***Fire Sprinkler Fitter \$25 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Clean Agent\$25 | <input type="checkbox"/> Portable Rules & ACAs..... \$25 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |
| <input type="checkbox"/> Class A.....\$25 | <input type="checkbox"/> Sprinkler Rules & ACAs..... \$25 |
| <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote | <input type="checkbox"/> \$22 In Person \$75 <input type="checkbox"/> Remote |

Agency Fee Total: \$ _____
Make all checks or money orders payable to:
Arkansas Fire Protection Licensing Board

- * For Responsible Managing Employees attach current NICET Certification
 - ** For Sprinkler Inspector attach Sprinkler Inspector Affidavit
 - *** For Sprinkler Fitter attach Sprinkler Fitter Affidavit
- Applicant holds a current license issued by the Arkansas Fire Protection Licensing Board?



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Yes No

If yes, please provide current license number _____.

Applicant has been previously licensed by the Arkansas Fire Protection Licensing Board?

Yes No

Has applicant ever appeared before a regulatory body for violation in the conduct of business?

Yes No

If yes, please explain. _____

The Board may require additional information concerning the above.

Applicant holds current Work Force Waiver?

Yes No

If yes, please provide a copy to this agency.

Applicant is a uniformed service member or veteran residing in Arkansas?

Yes No

If the applicant thinks they meet this qualification, please contact the office at (501) 661-7903.

CERTIFICATE BY APPLICANT

I certify that I am familiar with ACA 20-22-601, as amended, and the Rules and Regulations issued pursuant thereto. I certify that all information listed on this application is true and accurate. I understand any false statement or misrepresentation will be cause for denial, suspension, or revocation of my permit.

Signature of Applicant

Date

I certify the applicant is an employee of and will represent this firm, upon licensing, subject to ACA 20-22-601, as amended, and the Rules and Regulations adopted pursuant thereto. Our firm has investigated the character and reputation of the applicant, and we are satisfied the applicant will act in good faith to the public. The firm is not aware of any fact or condition that would disqualify applicant from receiving a license.

Name of Firm Officer

Title

Company Registration #

Signature of Firm Officer

Date