



**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** Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
**Use Only** Licensing Year \_\_\_\_\_ Processed By \_\_\_\_\_

**APPLICATION  
PORTABLE/FIXED FIRM/BRANCH REGISTRATION**

**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.

**License Type**

- Portable Fire Extinguishers ..... \$300
- Fixed Fire Extinguishers..... \$300
- Class "A" Hydrostatic ..... \$100
- Class "B" Hydrostatic ..... \$50
- Branch Office..... \$25/ea  
\_\_\_\_\_ # of Branches

**Total Licensing Fee: \$** \_\_\_\_\_

Make all checks or money orders payable to:

**Arkansas Fire Protection Licensing Board**

Note: The proposed company name may be rejected by the Board should it be determined the name submitted is similar to another licensed company or is misleading to the public.

**New Firm**

Name of Firm: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:(\_\_\_\_)\_\_\_\_\_ Fax:(\_\_\_\_)\_\_\_\_\_ Email:\_\_\_\_\_

Name of Owner/Manager: \_\_\_\_\_

**Has Firm operated under a different name?**

- Yes  No

If yes, list information below.

Name of Firm: \_\_\_\_\_

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of operation: \_\_\_\_\_



**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

**NEW BRANCH INFORMATION**

Name of Branch: \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Branch Manager: \_\_\_\_\_  
Signature of Branch Manager: \_\_\_\_\_ Date: \_\_\_\_\_

---

**NEW BRANCH INFORMATION**

Name of Branch: \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Branch Manager: \_\_\_\_\_  
Signature of Branch Manager: \_\_\_\_\_ Date: \_\_\_\_\_

---

**NEW BRANCH INFORMATION**

Name of Branch: \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Branch Manager: \_\_\_\_\_  
Signature of Branch Manager: \_\_\_\_\_ Date: \_\_\_\_\_

---

***COPY THIS PAGE AS NEEDED***



**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

The following information must accompany the application for Portable/Fixed 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 on file with the Arkansas Fire Protection Licensing Board must be kept current.

1. An Individual Application 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), Hydro Label, and verification of Service Collar, these will be required to be made and mailed within 30 days after license has been issued.
4. Copy of DOT letter.
5. Where applicable Application must be accompanied by evidence of registration as an Arkansas Corporation or evidence of registration with the Arkansas Secretary of State as a foreign corporation.

Complete the following if applying for a Fixed System Certificate of Registration.

Note: The information must be current and on file with Board Office.

List brand name of system(s) for which company is to be licensed. (Example: Ansul, Wet Pre-Engineered, etc...)

Brand: \_\_\_\_\_ Type: \_\_\_\_\_

Brand: \_\_\_\_\_ Type: \_\_\_\_\_

Brand: \_\_\_\_\_ Type: \_\_\_\_\_

Brand: \_\_\_\_\_ Type: \_\_\_\_\_

**Has the company as an individual, partner, or corporation ever appeared before a regulatory body for any violation in the conduct of business?**

Yes  No

If Yes, please explain: \_\_\_\_\_

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



**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

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Individual Application ..... Must be signed by individual

Partnership Application ..... Must be signed by each partner

Corporation Application ..... Must be signed by an officer of the corporation

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date