



**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
SPRINKLER 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 Company Registration.

License Fee:

- Company Registration..... \$700
- Application \$100
- 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 name 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:_____



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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



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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