

ARKANSAS FIRE PROTECTION LICENSING BOARD

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 7220

Telephone (501) 661-7903 Fax (501) 603-3540

Email: Patricia.L.White@arkansas.gov or Sarah.Johnson@arkansas.gov

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

COMPANY CHANGE OR DUPLICATE FORM

DIRECTIONS: Appropriate fees and forms must accompany application.

Note: The proposed company name may be rejected by the Board should it be determined that the name submitted is similar to another licensed company name or is misleading to the public. **Please call prior to submitting a company name for approval.**

PLEASE PRINT OR TYPE.

DUPLICATE LICENSE \$25.00

NAME CHANGE \$25.00

Current Company Name _____

New Company Name _____

Company License # _____

If Name Change, you will have to complete a separate form for each license type (Portable/Fixed or Sprinkler)

NOTE: if the name of the Company is changing, you will need to complete a separate Transfer form on every licensed individual with the new Company name for each license type (Portable/Fixed or Sprinkler).

ADDRESS CHANGE \$25.00

Company Name _____ License # _____

(You will have to fill out a separate form for each type of license (Portable and Sprinkler if you have them)

Mailing Address _____

Physical Address _____

Telephone () _____ Fax () _____ Email _____

Name of Owner _____

Signature of Owner/Manager _____

Make check or money order payable to: **ARKANSAS FIRE PROTECTION LICENSING BOARD**