



**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 _____	

**CHANGE REQUEST FORM
FIRM/BRANCH**

NOTE: A company name change 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.

Select All That Apply

- Firm – Portable/Fixed \$25
 - Firm – Sprinkler \$25
 - Branch – Portable/Fixed \$25/ea
 - Branch – Sprinkler \$25/ea
- _____ # of Branches

Total Change Fee: \$ _____

Make all checks or money orders payable to:

Arkansas Fire Protection Licensing Board

CURRENT FIRM INFORMATION

AFPLB License #(s)

Name of Firm: _____

Doing Business As: _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Name of Owner/Manager:_____

NEW FIRM INFORMATION

AFPLB License #(s)

Name of Firm: _____

Doing Business As: _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Name of Owner/Manager:_____

Signature of Owner/Manager:_____ Date: _____



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CURRENT BRANCH INFORMATION

Name of Branch: _____ **AFPLB License #(s)**
Physical Address _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone:(____) _____ Fax:(____) _____ Email: _____
Name of Branch Manager: _____

NEW BRANCH INFORMATION

Name of Branch: _____ **AFPLB License #(s)**
Physical Address _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone:(____) _____ Fax:(____) _____ Email: _____
Name of Branch Manager: _____
Signature of Branch Manager: _____ Date: _____

CURRENT BRANCH INFORMATION

Name of Branch: _____ **AFPLB License #(s)**
Physical Address _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone:(____) _____ Fax:(____) _____ Email: _____
Name of Branch Manager: _____

NEW BRANCH INFORMATION

Name of Branch: _____ **AFPLB License #(s)**
Physical Address _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone:(____) _____ Fax:(____) _____ Email: _____
Name of Branch Manager: _____
Signature of Branch Manager: _____ Date: _____