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 $_____
	Licensing Year_____		Processed By_____

CHANGE REQUEST FORM
INDIVIDUAL

Select All That Apply

☐Portable/Fixed $25
☐Sprinkler $25

Total Change Fee: $_____

Make all checks or money orders payable to:
Arkansas Fire Protection Licensing Board

CURRENT FIRM/BRANCH INFORMATION

AFPLB License #(s)

Name of Firm/Branch: _____ _____

Physical Address_____ _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:(___)_____ Fax:(___)_____ Email:_____

Name of Owner/Manager:_____

Signature of Owner/Manager:_____ Date:_____

CUREENT LICENSEE INFORMATION

AFPLB License #(s)

Name: _____ _____
Last ***First*** ***MI***

Home Address:_____

City: _____ State: _____ Zip: _____

Telephone:(___)_____Cell Number:(___)_____

Driver's License #:_____ State:_____

NEW LICENSEE INFORMATION

AFPLB License #(s)

Name: _____ _____
Last ***First*** ***MI***

Home Address:_____

City: _____ State: _____ Zip: _____

Telephone:(___)_____Cell Number:(___)_____

Driver's License #:_____ State:_____

Signature of Licensee:_____ Date:_____

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