



**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 _____

**RENEWAL
PORTABLE/FIXED FIRM/BRANCH**

DIRECTIONS: 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.

Entity Type

- Portable Fire Extinguishers \$300
- Fixed Fire Extinguishers..... \$300
- Class A Hydrostatic Testing \$100
- Class B Hydrostatic Testing \$50
- Branch Office \$25/ea

_____ # of Branches
Entity Licenses Total: \$ _____

Number of Individual Licenses

- ___ Portable..... \$30/ea
- ___ Fixed \$30/ea
- ___ Clean Agent \$30/ea
- ___ CO2..... \$30/ea
- ___ Halon..... \$30/ea
- ___ Class A Hydrostatic \$15/ea
- ___ Class B Hydrostatic \$10/ea

Individual Licenses Total: \$ _____

Total Renewal Fee: \$ _____

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

Name of Firm: _____ AFPLB License # _____

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: _____

Note: If the company information has changed, a Change Request Form is required.



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The following information must accompany the application for Certificate of Registration to be renewed.

1. A completed information section located at the end of the application for every employee.
2. Copy of DOT letter.

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: _____

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.

Name of Owner or Officer (Please print or type)

Title

Signature of Owner or Officer

Date

For Branch Office:



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Name of Branch: _____ AFPLB License # _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Name of Branch Manager: _____

Signature of Branch Manager: _____ Date: _____

Name of Branch: _____ AFPLB License # _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Name of Branch Manager: _____

Signature of Branch Manager: _____ Date: _____

Name of Branch: _____ AFPLB License # _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Name of Branch Manager: _____

Signature of Branch Manager: _____ Date: _____

Note: If the company information has changed, a Change Request Form is required.

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Signature must be from the licensed employee. Addresses of the licensed employees are



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only required if they have changed in the last year.

LICENSED EMPLOYEES:

Name: _____ AFPLB License #: _____ **License Type**
Last First MI
 Portable
Home Address: _____ Fixed
 Clean Agent
City: _____ State: _____ Zip: _____ CO2
 Halon
Telephone:(____) _____ Cell Number:(____) _____ Class A
 Class B
Driver's License #: _____ State: _____
Social Security Number: _____ DOB: ____ / ____ / ____
Signature of Licensee: _____ Date: _____

Name: _____ AFPLB License #: _____ **License Type**
Last First MI
 Portable
Home Address: _____ Fixed
 Clean Agent
City: _____ State: _____ Zip: _____ CO2
 Halon
Telephone:(____) _____ Cell Number:(____) _____ Class A
 Class B
Driver's License #: _____ State: _____
Social Security Number: _____ DOB: ____ / ____ / ____
Signature of Licensee: _____ Date: _____

Name: _____ AFPLB License #: _____ **License Type**
Last First MI
 Portable
Home Address: _____ Fixed
 Clean Agent
City: _____ State: _____ Zip: _____ CO2
 Halon
Telephone:(____) _____ Cell Number:(____) _____ Class A
 Class B
Driver's License #: _____ State: _____
Social Security Number: _____ DOB: ____ / ____ / ____
Signature of Licensee: _____ Date: _____

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