



**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
SPRINKLER 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

Firm \$700
 Branch \$25/ea

_____ # of Branches

Entity Licenses Total: \$ _____

Number of Individual Licenses

_____ Responsible Managing Employee \$300/ea
_____ Fire Sprinkler Inspector \$150/ea
_____ Fire Sprinkler Fitter \$50/ea
_____ Fire Sprinkler Apprentice Permit \$25/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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For Branch Office:

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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The following information must accompany the application for Sprinkler Firm Certificate of Registration and must meet the minimum requirements of the State Law. Please refer to the Rules and Regulations for requirements and samples. The information must always stay current and on file with the Arkansas Fire Protection Licensing Board. Your license will be suspended or revoked if you fail to keep this information current.

1. A Completed information section, located on page 3 for every employee.
2. A current Certificate of Insurance showing a minimum limit of \$1,000,000.00.
3. Samples of all tags used by firm. (NOT A COPY)
4. Sample of firm's Hydraulic Placard. (NOT A COPY)
5. Copy of Responsible Managing Employee's current NICET Certification.

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



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Signature must be from the licensed employee. Addresses of the licensed employees are only required if they have changed in the last year.

LICENSED EMPLOYEES:

Name: _____ AFPLB License #: _____
Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone:(____) _____ Cell Number:(____) _____

Driver's License #: _____ State: _____

Social Security Number: _____ DOB: ____ / ____ / ____

Signature of Licensee: _____ Date: _____

License Type

- RME
- Inspector
- Fitter
- Apprentice

Name: _____ AFPLB License #: _____
Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone:(____) _____ Cell Number:(____) _____

Driver's License #: _____ State: _____

Social Security Number: _____ DOB: ____ / ____ / ____

Signature of Licensee: _____ Date: _____

License Type

- RME
- Inspector
- Fitter
- Apprentice

Name: _____ AFPLB License #: _____
Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone:(____) _____ Cell Number:(____) _____

Driver's License #: _____ State: _____

Social Security Number: _____ DOB: ____ / ____ / ____

Signature of Licensee: _____ Date: _____

License Type

- RME
- Inspector
- Fitter
- Apprentice

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