



Arkansas Fire Protection Licensing Board

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 72201

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Email : Katherine.Dunford@arkansas.gov

Sprinkler Fitter Affidavit

This form is to be used by an individual desiring to be licensed by the Arkansas Fire Protection Licensing Board for installing and/or servicing fire sprinkler systems.

I _____ testify that _____
(RME) (Name of Individual)

has received competent training and the applicant has 6,000 hours of experience with fire protection sprinkler systems and the knowledge to hold a Sprinkler Fitter license in the state of Arkansas.

RME Signature _____ Date: _____

License Number: _____

Signature of Individual: _____ Date: _____

Company Name _____

Company License Number _____

NOTARY SEAL:

County of: _____ State Of: _____

Acknowledged before me, this _____ Day of _____ 20 _____

Notary Public _____ Commission Expires: _____

