

ARKANSAS FIRE PROTECTION LICENSING BOARD

7509 Cantrell Road, Suite 103-A

Little Rock, Arkansas 72207

Telephone (501) 661-7903

Fax (501) 603-3540

Email: afplb@aristotle.net

Date _____

Check # _____

Amount _____

APPLICATION FOR CERTIFICATION OF REGISTRATION

**PORTABLE/FIXED FIRE SUPPRESSION SYSTEM
FIRE PROTECTION SPRINKLER SYSTEM**

DIRECTIONS: Appropriate fees and forms must accompany application. 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.

1. FEES:

- Certificate of Registration Portable Fire Extinguishers [] \$300.00
- Certificate of Registration Fixed Fire Extinguishers [] \$300.00
- Certificate of Registration Class A Hydrostatic Testing [] \$100.00
- Certificate of Registration Class B Hydrostatic Testing [] \$ 50.00
- Certificate of Registration Sprinkler System Contractor [] \$700.00
- Application Fee [] \$100.00
- Branch Office (Only if the name is different) [] \$ 28.00

NOTE: The proposed company name may be rejected by the Board should it be determined that the name submitted is similar to another licensed company name or is misleading to the public. PLEASE CALL PRIOR TO SUBMITTING A COMPANY NAME FOR APPROVAL.

2. Name of Firm _____

Address _____

Mailing Address (if different from the above) _____

City State Zip

Telephone () _____ Fax () _____ Email _____

3. Branch Office [] Yes [] No If yes, complete the information below

Name of Branch Office _____
Address _____
Mailing Address (if different from above) _____

City _____ State _____ Zip _____
Telephone () _____ Fax () _____ Email _____
Manager of Branch Office _____

4. Doing Business AS () Individual () Partnership () Corporation
5. Change of ownership in the past year? [] Yes [] No If yes, list the current owner(s) on a separate sheet and attach to application.

6. Is firm headquartered out of the State of Arkansas? [] Yes [] No If yes and you have an Arkansas office, please complete the following:
Arkansas Address _____
City _____ State _____ Zip _____
Arkansas Telephone () _____

7. If the firm has operated under a different name, list previous name and address:
Name of Firm _____
Address _____
City _____ State _____ Zip _____
Date(s) of Operation _____

8. Bank references:
Bank _____
Address _____
City _____ State _____ Zip _____
Telephone Number () _____

Bank _____
Address _____
City _____ State _____ Zip _____
Telephone Number () _____

9. Have you as an individual or a firm ever filed for bankruptcy? [] yes [] No If yes, give details _____

10. List at least three (3) suppliers you have done business with within the past year.

Name _____
Address _____ Telephone Number () _____
City _____ State _____ Zip _____

Name _____
Address _____ Telephone Number () _____
City _____ State _____ Zip _____

Name _____
Address _____ Telephone Number () _____
City _____ State _____ Zip _____

THIS SECTION IS APPLICABLE TO PORTABLE/FIXED COMPANY ONLY

1. List employee(s) to be licensed. (If additional space is needed you may use the back of this page or attach a separate sheet of paper.)
- _____
- _____
- _____

2. Complete the following if applying for a Fixed System Certificate of Registration.

NOTE: THE INFORMATION MUST BE CURRENT AND ON FILE WITH THE BOARD AT ALL TIMES. LICENSE CAN BE SUSPENDED IF INFORMATION IS NOT CURRENT.

- A. List Brand Name of system(s) for which company is to be licensed. (Example: Ansul, Wet Pre-Engineered) Use extra sheet of paper if needed and attached to application.

Brand _____	Type _____
Brand _____	Type _____
Brand _____	Type _____
Brand _____	Type _____

- B. From the list in "A" list those Brands for which you are a factory direct authorized Dealer. Attach a copy of your factory authorization.

Brand _____	Type _____
Brand _____	Type _____
Brand _____	Type _____
Brand _____	Type _____

- C. From the list in "A" list those Brands for which you are NOT a direct factory Authorized dealer and your source of supplies and manuals will be by SUPPLY AFFIDAVITS.

Brand _____	Type _____	Supplier _____
Brand _____	Type _____	Supplier _____
Brand _____	Type _____	Supplier _____
Brand _____	Type _____	Supplier _____
Brand _____	Type _____	Supplier _____

NOTE: DIRECT SOURCE OF SUPPLIES AND COMPANY MANUALS MUST BE FROM A DIRECT FACTORY AUTHORIZED DEALER LICENSED WITH THIS BOARD.

IF APPLYING FOR FIXED FIRE SUPPRESSION LICENSE BY AFFIDAVIT: AN AFFIDAVIT OF SUPPLYING PARTS AND MANUALS FOR EACH BRAND YOU ARE REQUESTING TO BE LICENSED MUST ACCOMPANY APPLICATION. (FORMS PROVIDED BY THE BOARD)

- 3. Have you as an individual, partner or corporation ever appeared before a regulatory body for violation in the conduct of a business? [] Yes [] No If yes, give details

The following must accompany this application for Portable/Fixed License. These must meet the minimum requirements of the State Law. Refer to the Rules and Regulations for requirements and samples.

The information must stay current and on file with the Arkansas Fire Protection Licensing Board at all times. Your license will be suspended or revoked if you fail to keep this information current.

1. A SAMPLE of your company service tag. (not a copy)
2. A SAMPLE of your company condemned tag. (not a copy)
3. A SAMPLE of your hydrostatic test label. (not a copy)
4. A SAMPLE of your maintenance label. (not a copy)
5. A SAMPLE of your verification of service collar. (not a copy)
6. Include a copy of your current D.O.T. approval letter if applying for Class A Hydrostatic Testing Certificate.
7. If you are not requesting licensing for either Class A or Class B Hydrostatic Testing you must supply a letter from a licensed company stating they will perform this work for you.
8. A current copy of insurance certificate. (Minimum of \$300,000.00 limit of liability)
9. If you are applying for a fixed system license attached either the Certificate of Distributorship or an Affidavit of Supplying Parts and Manuals or both for each brand.

THIS SECTION IS APPLICABLE TO SPRINKLER CERTIFICATE OF REGISTRATION ONLY

1. List of licensed employees:
 - A. Responsible Managing Employee
Name _____ Position _____
Name _____ Position _____

Name _____ Position _____

B. Fire Sprinkler Inspector

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

The following information must accompany the application for Sprinkler 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 stay current and on file with the Arkansas Fire Protection Licensing Board at all times. Your license will be suspended or revoked if you fail to keep this information current.

1. A current Certificate of Insurance showing a minimum limit of \$300,000.00
 2. A SAMLE of your company service tag. (not a copy)
 3. A SAMPLE of your company red tag. (not a copy)
 4. A SAMPLE of your company Hydrostatic placard (not a copy)
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CERTIFICATE AND AUTHORIZATION

I certify I am familiar with Act 743 of 1977, as amended, and the Rules and Regulations issued pursuant thereto. I also certify that under penalty of law that all necessary affidavits for supplying parts and manuals are 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 contact all references listed and 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 the Rules and Regulations adopted by the Arkansas Fire Protection Licensing Board.

Signature _____ Title _____

INSTRUCTIONS FOR SIGNING APPLICATION: INDIVIDUAL APPLICATION – Must be signed by the individual; PARTNERSHIP APPLICATION – Must be signed by each partner; CORPORATION APPLICATION – Must be signed by an officer of the corporation

Name _____ Title _____
Signature _____ Date _____

Name _____ Title _____
Signature _____ Date _____

Name _____ Title _____
Signature _____ Date _____

Make check or money order payable to: ARKANSAS FIRE PROTECTION LICENSING BOARD and return with the application to:

ARKANSAS FIRE PROTECTION LICENSING BOARD
7509 CANTRELL ROAD, SUITE 103-A
LITTLE ROCK, ARKANSAS 72207