

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: _____ CHECK NUMBER: _____

RENEWAL APPLICATION

**COMPANY CERTIFICATE OF REGISTRATION
And
INDIVIDUAL LICENSE RENEWAL**

Directions: Appropriate fees, forms, and letters must accompany the renewal application when required. 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 license.

1. Renewal Fees for Firms:

- A. Certification of Registration Portable Extinguishers \$ 300.00 [____]
- B. Certificate of Registration Fixed Systems \$ 300.00 [____]
- C. Certificate of Registration Class A Hydrostatic Testing \$ 100.00 [____]
- D. Certificate of Registration Class B Hydrostatic Testing \$ 50.00 [____]
- E. Certificate of Registration Sprinkler Systems \$700.00 [____]
- F. Branch Office (A fee must be paid for each branch that operated under a different name. If using the same name at all branches no fee applies.) \$ 28.00 [____]

Renewal Fees for Individual License:

- A. Portable \$ 30.00 x _____ = _____
- B. Fixed \$ 30.00 x _____ = _____
- C. Class A Hydrostatic \$ 15.00 x _____ = _____
- D. Class B Hydrostatic \$ 10.00 x _____ = _____
- E. Responsible Managing Employee \$300.00 x _____ = _____
- F. Fire Sprinkler Inspector \$150.00 x _____ = _____

2. Name of Firm: _____

(A) Arkansas Fire Protection Licensing Board Certificate of Registration Number:

FSS _____
PF _____
P _____

(B) Arkansas Contractors Licensing Board number _____. Please enclosed a copy of the current license issued to your firm by the Arkansas Contractor's Licensing Board.

Street: _____ Phone () _____

(city) (county) (state) (zip)

Mailing Address: _____

(city) (state) (zip)

Fax #: _____ E-Mail Address: _____

Branch Office:

1. Name of Branch office: _____
Address: _____

(city) (state) (zip)
Branch Manager: _____ Phone: () _____

2. Doing Business as: () Individual () Partnership or () Corporation

3. Has a change of ownership in the past year? [] Yes [] No If yes, list the current owner(s) on a separate sheet of paper and attach to the application.

4. If firm is headquartered out of the State of Arkansas but has an Arkansas office please list the following:

Arkansas address of firm: _____
City: _____ State: _____ zip: _____
Arkansas Business Telephone: () _____

5. Please check your preferred mailing address: Home office _____ Branch Office _____

3. FIXED SYSTEM CERTIFICATE HOLDERS MUST COMPLETE SECTION 3. (This information MUST be completed)

A. List the manufacturers for which you are a direct distributor. If your letter of distributorship is not on file with the Arkansas Fire Protection Licensing Board, please enclose a copy of each letter:

B. Are you currently using factory-authorized parts for each brand of equipment? ___Yes ___No

C. Do you have current manuals for each brand of equipment? ___Yes ___No

D. List the brands for which you hold a current affidavit for Supplying Parts and current Manuals and the firm licensed by this Board who is supplying your parts and manuals:

Brand _____ Type _____
Supplier _____ AR License # _____

Brand _____ Type _____
Supplier _____ AR License # _____

Brand _____ Type _____
Supplier _____ AR License # _____

Brand _____ Type _____
Supplier _____ AR License # _____

Brand _____ Type _____

Supplier _____ AR License # _____

- E. List the licensed employees of your firm, license number, brands, certificate of training (CT), affidavit of training (AT) and trainer:

Licensed Employee _____ License # _____
Brand _____
Factory Certificate of Training ___ Yes ___ No - Expiration Date _____
Affidavit of Training ___ Yes ___ No - Trainer _____ AR Lic. # _____

Licensed Employee _____ License # _____
Brand _____
Factory Certificate of Training ___ Yes ___ No - Expiration Date _____
Affidavit of Training ___ Yes ___ No - Trainer _____ AR Lic # _____

Licensed Employee _____ License # _____
Brand _____
Factory Certificate of Training ___ Yes ___ No - Expiration Date _____
Affidavit of Training ___ Yes ___ No - Trainer _____ AR Lic. # _____

Licensed Employee _____ License # _____
Brand _____
Factory Certificate of Training ___ Yes ___ No - Expiration Date _____
Affidavit of Training ___ Yes ___ No - Trainer _____ AR Lic. # _____

(Use an additional page is needed)

- F. Service tags, red tags, verification of service collars and maintenance labels are current and on file with the Licensing Board? ___ Yes ___ No. If NO, a sample of each must accompany the renewal application.
- G. Department of Transportation (DOT) letter is current and on file with the Licensing Board? ___ Yes ___ No If NO, enclose a current DOT letter with your renewal application.

D.O.T. Expiration date: _____

- H. Class A Hydrostatic Testing is provided by:
Firm _____ License Number _____
Current letter is on file with the Board ___ Yes ___ No. If NO, enclose a current letter with your renewal application.
- I. Class B Hydrostatic Testing is provided by:
Firm _____ License Number _____
Current letter is on file with the Board ___ Yes ___ No. If NO, enclose a current letter with your renewal application.

4. **THIS SECTION MUST BE COMPLETED BY ALL FIRMS**

Current company liability insurance certificate is on file with the Licensing Board? ___ Yes ___ No

If NO, enclosure a current certificate with your application.

The name of the Insurance Company _____
Address _____
Telephone Number () _____ Date Issued _____
Expiration Date _____ Liability Amount \$ _____

The owner or an officer of the company must sign the application.

Name of owner or officer (Please print or type)

Title

Signature of owner or officer

Date

All renewal applications and check must be made payable and returned to:

Arkansas Fire Protection Licensing Board
7509 Cantrell Road, Suite 103-A
Little Rock, Arkansas 72207

(May 10, 2010)