

1/9/02

ARKANSAS FIRE PROTECTION LICENSING BOARD

7509 Cantrell Road, Suite 103-A
Little Rock, Arkansas 72207
Telephone (501) 661-7903
Fax (501) 603-3540
E-mail: afplb@aristotle.net

Date _____
Check # _____
Amount _____

UPDATE OF COMPANY LICENSE

Directions: The appropriate fees must accompany this application. Give complete answers to all questions. **Please PRINT OR TYPE.** Any false statement or material misrepresentation on this application shall be cause for denial suspension or revocation of a license.

A check or money order in the amount of \$30.00 must accompany this application.

COMPANY NAME: _____ CR# _____
ADDRESS: _____
STATE: _____ ZIP: _____ PHONE: _____
OWNER OF COMPANY: _____

LIST THE UPDATE(S) YOU ARE REQUESTING: _____

IF YOU ARE CHANGING THE NAME OF THE COMPANY PLEASE LIST THE OLD NAME AND THE NEW NAME YOU ARE REQUESTING:

OLD NAME: _____
NEW NAME: _____

HAVE ANY OF THE PRINCIPALS CHANGED WITH THE CHANGING OF THE NAME?
 NO YES IF YES PLEASE GIVE DETAILS AND LIST THE NEW PRINCIPALS.

LIST THE INDIVIDUALS LICENSED THAT WILL BE TRANSFERRED UNDER THE NEW COMPANY NAME: (USE ANOTHER SHEET OF PAPER IF NEEDED)

1. _____ LIC#: _____
2. _____ LIC#: _____

EFFECTIVE DATE OF CHANGE: _____

REASON FOR CHANGE: _____

Signature: _____ Date: _____
Signature of Firm Owner or Officer

Please make check or money order payable to Arkansas Fire Protection Licensing Board and remit to:

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