

**ARKANSAS FIRE PROTECTION LICENSING BOARD**

7509 Cantrell Road, Suite #102

Little Rock, Arkansas 72207

Telephone (501) 661-7903 Fax (501) 603-3540

Email: [Sheila.Caudle@arkansas.gov](mailto:Sheila.Caudle@arkansas.gov)

Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Processed By \_\_\_\_\_

**RENEWAL APPLICATION  
FIRE PROTECTION SPRINKLER FIRM**

**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.

**Renewal Fees for Firms:**

Certificate of Registration Sprinkler System \_\_\_\_\_ \$700.00  
Branch Office \_\_\_\_\_ \$28.00

**Renewal Fees for Individual Licenses:**

Responsible Managing Employee \$300.00 X \_\_\_\_\_ = \_\_\_\_\_  
Fire Sprinkler Inspector \$150.00 X \_\_\_\_\_ = \_\_\_\_\_  
Sprinkler Fitter \$ 50.00 X \_\_\_\_\_ = \_\_\_\_\_  
Sprinkler Apprentice Permit \$ 25.00 X \_\_\_\_\_ = \_\_\_\_\_

Arkansas Fire Protection Licensing Board Certificate of Registration Number: **FSS-**\_\_\_\_\_

Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name of Owner/Manager \_\_\_\_\_

Name of Branch Office \_\_\_\_\_

Mailing Address of Branch Office \_\_\_\_\_

Physical Address of Branch Office \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Manager of Branch Office \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Please check your preferred mailing address: \_\_\_\_\_ Home Office \_\_\_\_\_ Branch Office

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 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 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 I certify that 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 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

Make check or money order payable to:

**ARKANSAS FIRE PROTECTION LICENSING BOARD**

**LICENSED EMPLOYEES:**

Name: \_\_\_\_\_ License # \_\_\_\_\_ TYPE: (RME)(INS)(FITTER)(ASP)  
**Print Last First Middle**  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_ TYPE: (RME)(INS)(FITTER)(ASP)  
**Print Last First Middle**  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_ TYPE: (RME)(INS)(FITTER)(ASP)  
**Print Last First Middle**  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_ TYPE: (RME)(INS)(FITTER)(ASP)  
**Print Last First Middle**  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_  
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Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_