

ARKANSAS FIRE PROTECTION LICENSING BOARD

7509 Cantrell Road, Suite #102

Little Rock, Arkansas 72207

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

Email: Patricia.L.White@arkansas.gov

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

**APPLICATION FOR RENEWAL
PORTABLE/FIXED FIRE SUPPRESSION 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 of this application shall be cause for denial, suspension or revocation of a Certificate of Registration.

Renewal Fees for Firms:

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
Branch Office	_____	\$ 28.00

Renewal Fees for Individual License:

Portable	\$30.00 X _____	= _____
Fixed (Clean Agent) (CO2) (Halon)	\$30.00 X _____	= _____
Class A Hydrostatic	\$15.00 X _____	= _____
Class B Hydrostatic	\$10.00 X _____	= _____

ARKANSAS FIRE PROTECTION LICENSING BOARD CERTIFICATE OF REGISTRATION NUMBER

PF# _____ P# _____

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 _____
 Please check your preferred mailing address: _____ Home Office _____ Branch Office _____

The following information must accompany the application for Certificate of Registration to be renewed.

1. A completed information section located at the end of the application for every employee.
2. Copy of letter of Distributorship for each **new** brand you sell, service or install, or an Affidavit of Supplying Parts and Manuals or both for each **new** brand.
3. Copy of DOT letter.

Complete the following if applying for a Fixed System Certificate of Registration.
 Note: The information must be current and on file with Board Office at all times.

List Brand Name of system(s) for which company is to be licensed. (Example: Ansul, Wet Pre-Engineered).

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

From the list above, list those Brands for which you are a factory direct authorized dealer.

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

From the list above, 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 _____
 Brand _____ Type _____
 Brand _____ Type _____
 Brand _____ Type _____

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

CERTIFICATE AND AUTHORIZATION

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

Name: _____ **License #** _____ **Type:** (P) (F) (A) (B) (CA) (H) (C02)
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:** (P) (F) (A) (B) (CA) (H) (C02)
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:** (P) (F) (A) (B) (CA) (H) (C02)
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Social Security Number _____ Date of Birth ____/____/____
Signature of Licensee: _____ Date: _____

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