

Arkansas Fire Protection Licensing Board
900 W. Capitol Ave., Suite 400
Little Rock, Arkansas 72201
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Fixed Systems Affidavit of Training

This form is to be used by an individual desiring to be licensed by the Arkansas Fire Protection Licensing Board for installing and/or servicing Fixed Fire Extinguisher Systems. **Note:** If you do not have a factory Training Certificate for the brand name and type system you are asking to be licensed for, the person who is certifying that you are properly trained, must have a Factory Training Certificate for the brand name and type system they trained you for.



I _____ certify that I have properly trained
(Trainers Name)

_____ in the proper procedure for installing
(Individual being trained)

_____ (Engineered/Pre-Engineered) Fixed
(Brand of System. Ansul, Kidde, etc.) (Circle which applies)

Extinguisher System. I further certify that I hold a manufacturers certificate of training from

_____: _____: _____
(Brand of System) (Type of System) (Engineered/Pre-Engineered)

Signature of Trainer: _____ Date: _____

Trainers License Number: _____ Signature of Licensee _____

Date: _____ License Number: _____

NOTARY SEAL:

County of: _____ State Of: _____

Acknowledged before me, this _____ Day of _____ 19 _____

Notary Public _____ Commission Expires: _____

THIS AFFIDAVIT CAN ONLY BE ACCEPTED WHEN THE TRAINERS CERTIFICATE OF TRAINING IS ATTACHED. **AFFIDAVITS WILL NOT BE ACCEPTED WITHOUT THE TRAINERS CERTIFICATE**

Updated: 01/07/2021