

**ARKANSAS FIRE PROTECTION LICENSING BOARD**

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 72201

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

Email: [Patricia.L.White@arkansas.gov](mailto:Patricia.L.White@arkansas.gov)

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

**APPLICATION FOR TRANSFER  
TRANSFER OF LICENSE FEE \$30.00**

**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 on this application shall be cause for denial, suspension, or revocation of license.

Name: \_\_\_\_\_ License # \_\_\_\_\_

**Print Last First Middle**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Transfer license from Name of Firm \_\_\_\_\_

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

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

Transfer license to Name of Firm \_\_\_\_\_

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

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

Have you started to work for new firm? \_\_\_Yes \_\_\_NO If yes, give date \_\_\_\_\_

**FIXED SYSTEMS**

Fixed Systems, for updating Brands complete form and attach Training Affidavits for each Brand.

**RESPONSIBLE MANAGING EMPLOYEE**

Responsible Managing Employee attach to this application a copy of NICET’s notification letter regarding successful completion of the examination requirements for certification at Level III or higher for Fire Protection Automatic Sprinkler System Layout.

**Certification by Certified Firm:**

I certify the applicant is an employee of \_\_\_\_\_ and will represent this firm, upon transfer of license, subject to ACT 743 of 1977, as amended, and the Rules and Regulations adopted thereto.

Our firm has investigated the character and reputation of the applicant and we are satisfied the applicant will act in good faith to the public. The firm is not aware of any fact or condition that would disqualify applicant from receiving a license.

Signature of Firm Officer \_\_\_\_\_ Title \_\_\_\_\_

Company Certificate of Registration Number \_\_\_\_\_ Date \_\_\_\_\_

Make check or money order payable to: **ARKANSAS FIRE PROTECTION LICENSING BOARD**