

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

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

USED FOR INDIVIDUAL OR COMPANY

Change \$30.00 _____

Duplicate \$25.00 _____

Form is to be used to update any change in the Individual's or Company address, phone, etc., or to purchase a duplicate license.

DIRECTIONS: Appropriate fees and forms must accompany application. Complete answers must be provided to all questions. **PLEASE PRINT OR TYPE.**

Arkansas Fire Protection Licensing Board Certificate of Registration Number: _____

Name of Firm _____

Mailing Address _____

Telephone () _____ Fax () _____ Email _____

Signature of Owner/Manager _____

Name: _____ License # _____

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: _____

Make check or money order payable to:

ARKANSAS FIRE PROTECTION LICENSING BOARD