

ARKANSAS FIRE PROTECTION LICENSING BOARD

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 7220

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

Email: Patricia.L.White@arkansas.gov

Date _____	Check # _____	Amount \$ _____	Processed By _____
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COMPANY CHANGE FORM

DIRECTIONS: Appropriate fees and forms must accompany application.

PLEASE PRINT OR TYPE.

CHANGE UPDATE \$30.00

Current Company Name _____

New Company Name _____

Company License # _____

Mailing Address _____

Physical Address _____

Telephone () _____ Fax () _____ Email _____

Name of Owner _____

Signature of Owner/Manager _____

NOTE: if the name of the Company is changing, you will need to complete a transfer form on every licensed individual with the new Company name.

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