

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 _____

**PORTABLE/FIXED FIRE SUPPRESSION SYSTEM
APPLICATION FOR NEW CERIFICATION OF REGISTRATION**

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 of this application shall be cause for denial, suspension, or revocation of a Certificate of Registration.

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

Note: The proposed company name may be rejected by the Board should it be determined that the name submitted is similar to another licensed company name or is misleading to the public. Please call prior to submitting a company name for approval.

Name of Firm _____

Mailing Address _____

Physical Address _____

Telephone () _____ Fax () _____ Email _____

Name of Owner _____

Name of Branch Office _____

Mailing Address of Branch Office _____

Physical Address of Branch Office _____

Telephone () _____ Fax () _____ Email _____

Manager of Branch Office _____

Doing Business As: _____ Individual _____ Partnership _____ Corporation

Is firm headquartered in the State of Arkansas? _____ YES _____ NO If yes and you have a
Arkansas office, please complete the following:

Arkansas Address _____

Arkansas Telephone Number _____

Has Firm operated under a different name? If so list information below.

Name of Firm _____

Address _____

Dates of operation _____

The following information must accompany the application for Portable/Fixed Certificate of Registration and must meet the minimum requirements of the State Law. Please refer to the Rules and Regulations for requirements and samples. The information must stay current and on file with the Arkansas Fire Protection Licensing Board at all times. Your license will be suspended or revoked if you fail to keep this information current.

1. An Individual Application for every employee.
2. A current Certificate of Insurance showing a minimum limit of \$1,000,000.00.
3. Samples of all tags used by firm. **(NOT A COPY)**
4. Sample of firm's current Hydro Label.
5. Sample of firm's current verification of Service Collar.
6. Copy of letter of Distributorship for each brand you sell, service or install, or an Affidavit of Supplying Parts and Manuals or both for each brand.
7. Copy of DOT letter.6. Supply affidavits.
8. Where applicable Application must be accompanied by evidence of registration as an Arkansas Corporation or evidence of registration with the Arkansas Secretary of State as a foreign corporation.

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 _____

From the list in "A" list those Brands for which you are a factory direct authorized dealer. Attach a copy of your factory authorization.

Brand _____ Type _____

Brand _____ Type _____

Brand _____ Type _____

From the list in "A" 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 _____

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

IF APPLYING FOR A FIXED SUPPRESSION LICENSE BY AFFIDAVIT: AN AFFIDAVIT OF SUPPLYING PARTS AND MANUAL FOR EACH BRAND MUST ACCOMPANY APPLICATION.

Have you as an individual, partner or corporation ever appeared before a regulatory body for any violation in the conduct of business. _____ YES _____ NO If yes give details

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.

Signature _____ Title _____

Individual Application – Must be signed by individual.

Partnership Application – Must be signed by each partner.

Corporation Application – Must be signed by an officer of the corporation.

Printed Name _____ Signature _____
Title _____ Date _____

Printed Name _____ Signature _____
Title _____ Date _____

Printed Name _____ Signature _____
Title _____ Date _____

Printed Name _____ Signature _____
Title _____ Date _____

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