

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 _____
INDIVIDUAL LICENSE # _____

APPLICATION FOR EXAMINATION

DIRECTIONS: Appropriate 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 license.

Examination Date Requested: _____

Name: _____

Print	Last	First	Middle
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Home Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ Cell Number (____) _____

Driver's License Number _____ State _____

Social Security Number _____ Date of Birth ____/____/____

Name of Firm _____ Arkansas License Number _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ Fax Number (____) _____

Email _____

Check the appropriate examination and fee for examination:	1st Time	Each Time After
Portable Fire Extinguisher	____ \$60.00	____ \$30.00
Fixed System Wet/Dry	____ \$60.00	____ \$30.00
Fixed System CO2	____ \$60.00	____ \$30.00
Fixed System Halon	____ \$60.00	____ \$30.00
Clean Agent	____ \$60.00	____ \$30.00
Class "A"	____ \$60.00	____ \$30.00
Class "B"	____ \$60.00	____ \$30.00
Fire Sprinkler Inspector	____ \$150.00	____ \$28.00
Responsible Managing Employee	____ \$300.00	____ \$28.00
Sprinkler Fitter	____ \$50.00	____ \$28.00

Applicant holds a current license issued by the Arkansas Fire Protection Licensing Board.

_____ YES _____ NO If yes, give current license number _____

Applicant has been previously licensed by the Arkansas Fire Protection Licensing Board. _____

Has applicant ever appeared before a regulatory body for violation in the conduct of business?

_____ YES _____ NO If yes, please explain _____

The Board may require additional information concerning the above.

For Fixed Systems attach current Factory Training Certificates and Affidavit of Trainings.

For Responsible Managing Employees attach current NICET Certification.

For Sprinkler Inspector attach Sprinkler Inspector Affidavit.

For Sprinkler Fitter attach Sprinkler Fitter Affidavit.

CERTIFICATE BY APPLICANT

I certify that I am familiar with ACT 743 of 1977, as amended, and the Rules and Regulations issued pursuant thereto. I certify that all information listed on this application is true and accurate. I understand any false statement or misrepresentation will be cause for denial, suspension, or revocation of my permit.

Signature of Applicant

Date

I certify the applicant is an employee of _____ and will represent this firm, upon licensing, subject to ACT 743, as amended, and the Rules and Regulations adopted pursuant 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**
Application must be received one week prior to requested examination. **Do not send money with application. Applicant should bring payment the day of examination.**