

**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 RENEWAL  
PORTABLE/FIXED FIRE SUPPRESSION SYSTEM**

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

**Renewal Fees for Firms:**

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

**Renewal Fees for Individual License:**

Portable	\$30.00 X _____	= _____
Fixed (Clean Agent) (CO2) (Halon)	\$30.00 X _____	= _____
Class A Hydrostatic	\$15.00 X _____	= _____
Class B Hydrostatic	\$10.00 X _____	= _____

**ARKANSAS FIRE PROTECTION LICENSING BOARD CERTIFICATE OF REGISTRATION NUMBER**

PF# \_\_\_\_\_ P# \_\_\_\_\_

Name of Firm \_\_\_\_\_

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

Physical Address \_\_\_\_\_

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

Name of Owner/Manager \_\_\_\_\_

Name of Branch Office \_\_\_\_\_  
 Mailing Address of Branch Office \_\_\_\_\_  
 Physical Address of Branch Office \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_  
 Manager of Branch Office \_\_\_\_\_  
 Please check your preferred mailing address: \_\_\_\_\_ Home Office \_\_\_\_\_ Branch Office \_\_\_\_\_

The following information must accompany the application for Certificate of Registration to be renewed.

1. A completed information section located at the end of the application for every employee.
2. Copy of letter of Distributorship for each **new** brand you sell, service or install, or an Affidavit of Supplying Parts and Manuals or both for each **new** brand.
3. Copy of DOT letter.

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 \_\_\_\_\_  
 Brand \_\_\_\_\_ Type \_\_\_\_\_

From the list above, list those Brands for which you are a factory direct authorized dealer.

Brand \_\_\_\_\_ Type \_\_\_\_\_  
 Brand \_\_\_\_\_ Type \_\_\_\_\_  
 Brand \_\_\_\_\_ Type \_\_\_\_\_  
 Brand \_\_\_\_\_ Type \_\_\_\_\_

From the list above, 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 \_\_\_\_\_  
 Brand \_\_\_\_\_ Type \_\_\_\_\_

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

**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.

\_\_\_\_\_  
Name of owner or officer (Please print or type) Title

\_\_\_\_\_  
Signature of owner or officer Date

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

Name: \_\_\_\_\_ **License #** \_\_\_\_\_ **Type:** (P) (F) (A) (B) (CA) (H) (C02)  
**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: \_\_\_\_\_

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Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_