

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 or

Sarah.Johnson@arkansas.gov

Date _____	Check # _____	Amount \$ _____	Processed By _____
APPRENTICE PERMIT # _____		Licensing Year: _____	

APPLICATION FOR APPRENTICE PERMIT

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 Permit.

Fees:

Apprentice Permit (Dry/Wet Chemical Extinguisher)	_____ \$15.00
Apprentice Sprinkler Permit	_____ \$25.00

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 _____

CERTIFICATE BY APPLICANT

I certify that I am familiar with A.C.A.20-22-601, as amended, and the Rules 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 A.C.A.20-22-601, as amended, and the Rules 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