

**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) or  
[Sarah.Johnson@arkansas.gov](mailto:Sarah.Johnson@arkansas.gov)

Date _____	Check # _____	Amount \$ _____
Processed By _____	Licensing Year _____	

**USED FOR INDIVIDUAL OR COMPANY**

**Change \$25.00** \_\_\_\_\_

**Duplicate \$25.00** \_\_\_\_\_

**Form is to be used to update any change in the Individual’s or Company address, phone, etc., or to purchase a duplicate license.**

**DIRECTIONS:** Appropriate fees and forms must accompany application. Complete answers must be provided to all questions. **PLEASE PRINT OR TYPE.**

Arkansas Fire Protection Licensing Board Certificate of Registration Number: \_\_\_\_\_

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

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

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

Signature of Owner/Manager \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_

**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: \_\_\_\_\_

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