

**ARKANSAS FIRE PROTECTION LICENSING BOARD**

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 7220

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 _____	

**COMPANY CHANGE FORM**

**DIRECTIONS:** Appropriate fees and forms must accompany application.

**PLEASE PRINT OR TYPE.**

**CHANGE UPDATE \$25.00**

Current Company Name\_\_\_\_\_

New Company Name\_\_\_\_\_

Company License #\_\_\_\_\_

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

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

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

Name of Owner\_\_\_\_\_

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

**NOTE:** if the name of the Company is changing, **you will need to complete a transfer form on every licensed individual with the new Company name.**

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