

**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)

**Sprinkler Fitter Affidavit**

This form is to be used by an individual desiring to be licensed by the Arkansas Fire Protection Licensing Board for installing and/or servicing fire sprinkler systems.

I \_\_\_\_\_ testify that \_\_\_\_\_  
(RME) (Name of Individual)

has received competent training and the applicant has 6,000 hours of experience with fire protection sprinkler systems and the knowledge to hold a Sprinkler Fitter license in the state of Arkansas.

RME Signature \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

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

Company License Number \_\_\_\_\_

**NOTARY SEAL:**

County of: \_\_\_\_\_ State Of: \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires: \_\_\_\_\_