

COMPANY LICENSE NUMBER

COMPANY RENEWAL APPLICATION

FOR OFFICE USE ONLY

EFFECTIVE 4/09/08

EXPIRES _____

CLASS OF LICENSE REQUIRED:

- | | | | |
|--------------------------|--------------------------------------------------|------------|---------------|
| <input type="checkbox"/> | CLASS A | Code 20001 | Fee \$150.00 |
| <input type="checkbox"/> | CLASS B | Code 20001 | Fee \$150.00 |
| <input type="checkbox"/> | CLASS C | Code 20002 | Fee \$ 250.00 |
| <input type="checkbox"/> | CLASS D | Code 20004 | Fee \$ 75.00 |
| <input type="checkbox"/> | CLASS E | Code 20001 | Fee \$ 150.00 |
| <input type="checkbox"/> | CLASS E-S (Single Station Fire Alarm Company) | Code 20001 | Fee \$ 150.00 |
| <input type="checkbox"/> | CLASS E-M (Alarm Company Monitors Only) | Code 20001 | Fee \$ 150.00 |
| <input type="checkbox"/> | CLASS F | Code 20004 | Fee \$ 75.00 |
| <input type="checkbox"/> | CLASS F-S (Single Station Fire Alarm Company) | Code 20004 | Fee \$ 75.00 |
| <input type="checkbox"/> | CLASS G | Code 20006 | Fee \$ 300.00 |

PLEASE TYPE

PLEASE TYPE

NAME OF BUSINESS _____

MAILING ADDRESS _____

and Street or P.O. Box

City

State/ZIP

PHONE # (____) _____

LIST THE ADDRESSES OF ALL BRANCH OFFICES IN ARKANSAS:

| | | |
|--------------------------|-----------|---------|
| # and Street or P.O. Box | | |
| City | State/ZIP | Phone # |
| # and Street or P.O. Box | | |
| City | State/ZIP | Phone # |
| # and Street or P.O. Box | | |
| City | State/ZIP | Phone # |
| # and Street or P.O. Box | | |
| City | State/ZIP | Phone # |

WARNING TO APPLICANT: PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND PUNISHABLE AS SET FORTH IN ARKANSAS CODE 5-53-103.

THE MANAGER STATES ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT AND THAT THE MANAGER WILL UPHOLD THE CONSTITUTIONS OF THE UNITED STATES AND THE STATE OF ARKANSAS.

SIGNED: _____ **DATE:** _____

STATE OF _____

COUNTY OF _____ §

Subscribed and sworn to before me, a Notary Public in and for the county and state aforesaid, this the _____ day of _____ 20____.

Notary Public