Little Rock, AR 72201

ARKANSAS FIRE PROTECTION SERVICES BOARD FIREFIGHTER CERTIFICATION FORM

Firefighter's Name		
Address:		
City, State, Zip		
Fire Department Name		
Address:		
City, State, Zip		
This is to confirm that to the best of m by the Arkansas Fire Protection Service		d herein is an active firefighter certified as indicated below.
Check the appropriate box: Certified	Active Firefighter Retired	Firefighter
Signature of Fire Chief	Fire Chief's Printed Na	me Date
	pickups and one (1) ton trucks us	Firefighter license plates are limited to sed for private transportation. No more used to an eligible applicant.
Firefighter and Retired Firefighter licer	nse plates are available in person	only at the following Revenue Offices:
Revenue offices listed on our web	site at: http://www.arkansas.gov/dfa	/motor_vehicle/mv_revenue_special.php
Firefighter plates are available in person	on or by mail at the following add	dress:
By Mail:		In Person
Department of Finance and Administra Ragland Building, Room 1040 P.O. Box 1272	ntion	Central Revenue Office Ragland Building, Room 1040 1900 West 7 th Street

Little Rock, AR 72203