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 my knowledge the firefighter named herein is an active firefighter certified by the Arkansas Fire Protection Services Board or is a retired firefighter as indicated below.

Check the appropriate box: Certified Active Firefighter ☐ Retired Firefighter ☐

Signature of Fire Chief ___________________ Fire Chief’s Printed Name ___________________ Date __________

Vehicles that can be registered with special Fire Fighter and Retired Firefighter license plates are limited to passenger cars, ½ ton pickups, ¾ ton pickups and one (1) ton trucks used for private transportation. No more than two (2) Fire Fighter or Retired Firefighter license plates may be issued to an eligible applicant.

Firefighter and Retired Firefighter license plates are available in person only at the following Revenue Offices:

Fayetteville, Jonesboro, Pine Bluff, Texarkana, West Memphis, Harrison, Russellville, Conway, Mountain View, Hot Springs (Airport Office), Van Buren, and El Dorado, Magnolia, Monticello.

Firefighter plates are available in person or by mail at the following address:

By Mail:
Department of Finance and Administration
Ragland Building, Room 1040
P.O. Box 1272
Little Rock, AR 72203

In Person
Central Revenue Office
Ragland Building, Room 1040
1900 West 7th Street
Little Rock, AR 72201