

**STATE OF ARKANSAS
PROFESSIONAL FIRE FIGHTER'S
CERTIFICATION FORM**

In accordance with Arkansas Code § 27-24-1311, this form must be presented to an Arkansas State Revenue Office in order to obtain a special Arkansas Professional Fire Fighter's license plate. The signature of the Secretary of the Local must be dated within ninety (90) days of the date of application for such plate.

TO BE COMPLETED BY APPLICANT

Applicant's Name _____

Fire Department _____ Local Number _____

I _____ hereby swear and affirm that
PRINTED NAME OF APPLICANT
the information above is true and correct and that I am currently a member in good standing with the Arkansas Professional Firefighters.

TO BE COMPLETED BY SECRETARY OF LOCAL

I _____, secretary of Local _____
PRINTED NAME OF SECRETARY OF LOCAL
hereby swear and affirm that the applicant above is a member in good standing with the Arkansas Professional Firefighters.

SIGNATURE OF SECRETARY OF LOCAL

DATE

Information regarding Professional Firefighters may be obtained at the following address and phone number:

Arkansas Professional Fire Fighters
8619 Chicot Road
Little Rock, AR 72209
Phone: 501-565-1660