

**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:

Revenue offices listed on our website at: http://www.arkansas.gov/dfa/motor_vehicle/mv_revenue_special.php

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