

**APPLICATION FOR REINSTATEMENT
ARKANSAS HVACR CONTRACTOR'S LICENSE**

ARKANSAS DEPARTMENT OF HEALTH
PROTECTIVE HEALTH CODES
4815 W Markham SLOT H-24
LITTLE ROCK, ARKANSAS 72205-3867

Approved _____ 20_____

By _____

1. NAME _____ SS# _____
Last First Middle

DOB _____

LIC# _____

2. FIRM NAME _____

3. FIRM'S DESIGNATED LICENSE HOLDER _____

4. MAILING ADDRESS _____ PHONE# _____

5. CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

6. REASON FOR LICENSE BECOMING INACTIVE:

REVOKED _____ DELINQUENT _____ DEFERRED _____ CANCELLED _____

OTHER _____

7. IF YOU HAVE WORKED AT THE HVACR TRADE SINCE YOUR LICENSE BECAME INACTIVE GIVE A COMPLETE RECORD OF YOUR EMPLOYMENT ON THE BACK OF THIS APPLICATION.

8. I HEREBY AFFIRM THAT ALL OF THE FACTS, STATEMENTS, AND ANSWERS CONTAINED HEREIN ARE TRUE.

SIGNATURE _____

DATE _____

9. STATE OF _____

COUNTY OF _____

THE APPLICANT SIGNING THIS APPLICATION BEING DULY SWORN DECLARED THAT THE FOREGOING STATEMENTS SUBSCRIBED TO BY HIM ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND THAT HE/SHE PERSONALLY SIGNED THIS APPLICATION.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____.

SIGNATURE OF NOTARY _____

INSTRUCTIONS FOR REINSTATEMENT

1. Complete application in detail, especially the record of employment, giving dates and complete address.
2. The board may grant a deferred license without deferment or reinstatement fees to members of the armed forces or Class A, B, C HVACR license holders who become legally appointed or employed Mechanical Inspectors.
3. A Class A, B or C HVACR license holder, whose license expired for non-payment of renewal fees, may make application to the Board for reinstatement of license. A penalty fee of \$10.00 per month shall be added for late payment. The application must be supported with an amended experience record covering all experience subsequent to the date of the lapse. Upon receipt of the application and experience record, the Board will determine whether to reinstate with or without examination.
4. The Board shall reinstate a deferred license provided the applicant pays the current license fee for the type of license requested. If the applicant has been deferred for over a five (5) year period, the Board may request that the applicant complete a reinstatement form outlining work experience. If it has been determined by the Board that the applicant has not been affiliated with HVACR work since the original date of deferment, an examination may be required.
5. A Class A, B or C Contractor or Registrant whose license has been revoked may make application for a new license one (1) year after the date of revocation. Such application shall contain a statement of intent to comply with all pertinent laws and regulations. The Board shall issue a new license after the applicant has passed the prescribed examination and paid applicable fees.
6. Record of your employment since your last date of licensing.

7. DO NOT SUBMIT FEES WITH APPLICATION. YOU WILL BE BILLED AT A LATER DATE.

HVAC/R OFFICE USE ONLY

BACK FEES: _____ **APPLICATION APPROVED:** _____
PENALTIES: _____ **DISAPPROVED:** _____
CURRENT FEES: _____ **EXAM REQ: YES** _____ **NO** _____
TOTAL FEES: _____ **DATE:** _____