

**LICENSURE APPLICATION FOR ARKANSAS HVAC,
SHEETMETAL AND REFRIGERATION CONTRACTOR**

ARKANSAS DEPARTMENT OF HEALTH
PROTECTIVE HEALTH CODES
4815 WEST MARKHAM STREET, SLOT #24
LITTLE ROCK, AR 72205-3867

<i>OFFICE USE ONLY</i> APPROVED DATE _____ FOR _____ BY _____ ICC DATE _____ EXAM PASSED AND DATE _____ CUSTOMER # _____

1. NAME _____ DOB _____
LAST, FIRST, MIDDLE, SUFFIX SSN _____

2. NEW FIRM NAME _____

3. NEW FIRM'S DESIGNATED LICENSE HOLDER _____
(THE PERSON RESPONSIBLE FOR REGISTRANTS AND HVACR WORK PERFORMED)

4. NEW FIRM'S MAILING ADDRESS _____
STREET OR PO BOX NUMBER _____
CITY, STATE, ZIP _____
COUNTY _____
PHONE NUMBER _____

5. HOME ADDRESS _____
STREET OR PO BOX NUMBER _____
CITY, STATE, ZIP _____
COUNTY _____
PHONE NUMBER _____

6. WORK HISTORY: HVAC EXPERIENCE, SHOW DATES OF EMPLOYMENT, AND NAMES OF EMPLOYERS. MINIMUM OF 2 YEARS REQUIRED.

7. TYPE OF HVAC/R LICENSE REQUESTED, CIRCLE ONE.
CLASS A CLASS B CLASS C (SERVICE) CLASS D (SHEETMETAL) CLASS E (REFRIGERATION)
(NOTE: APPLICANTS MUST BE AT LEAST 18 YEARS OLD TO QUALIFY)

I HEREBY AFFIRM THAT I HAVE AT LEAST TWO (2) YEARS OF EXPERIENCE AS AN HVAC CONTRACTOR OR HAVE WORKED IN THE HVAC BUSINESS FOR AT LEAST TWO (2) YEARS AND THAT ALL OF THE FACTS, STATEMENTS, AND ANSWERS CONTAINED HEREIN ARE TRUE.

8. APPLICANT SIGNATURE _____

9. THE APPLICANT SIGNING THIS APPLICATION, BEING DULY SWORN, DECLARES THAT THE FOREGOING STATEMENTS SUBSCRIBED TO BY HIM ARE TRUE AND TO THE BEST OF MY KNOWLEDGE PERSONALLY SIGNED THIS APPLICATION.

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

SIGNATURE OF NOTARY _____

STATE OF _____
COUNTY OF _____

(SEAL)

INSTRUCTIONS

READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.
FAILURE TO COMPLY WITH ALL INSTRUCTION WILL DELAY THE ISSUANCE OF YOUR LICENSE.

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED LEGIBLY

1. TYPE LAST NAME FIRST.
2. PLEASE INDICATE THE NAME OF THE NEW FIRM. (EX. JOHN SMITH A/C).
3. PLEASE INDICATE THE NEW FIRM'S DESIGNATED LICENSE HOLDER, *IF OTHER THAN YOU, PLEASE NOTE THE LICENSE NUMBER OF THAT INDIVIDUAL.*
4. COMPLETE THE NEW FIRM'S MAILING ADDRESS AND PHONE NUMBER.
5. COMPLETE YOUR HOME MAILING ADDRESS AND PHONE NUMBER. *WE WILL MAIL YOUR TEST PACKET TO THIS ADDRESS.*
6. COMPLETE THE WORK HISTORY HVAC EXPERIENCE, SHOW DATES OF EMPLOYMENT, AND NAMES OF EMPLOYERS.
7. PLEASE CIRCLE ONLY ONE TYPE OF LICENSE THAT YOU WOULD LIKE TO TEST.
8. PLEASE SIGN THE DOCUMENT IN THE PRESENCE OF A NOTARY PUBLIC.
9. NOTARY PUBLIC WILL FILL OUT THE BOTTOM OF THE DOCUMENT.
10. PLEASE RETURN THE APPLICATION WITHOUT FEES. YOU WILL BE BILLED FOR FEES AFTER YOU HAVE PASSED THE PRESCRIBED EXAMINATION.
11. ONCE YOUR APPLICATION HAS BEEN APPROVED, YOU WILL BE SENT A TESTING PACKET. IF YOUR APPLICATION IS DENIED YOU WILL BE NOTIFIED AS TO WHY.
12. ALL BILLING, AS WELL AS FUTURE RENEWALS WILL BE SENT TO THE ADDRESS ON THE APPLICATION. IT IS THE RESPONSIBILITY OF THE LICENSE HOLDER TO NOTIFY THIS OFFICE OF ANY CHANGE OF ADDRESS, PHONE NUMBER OR CHANGES IN YOUR COMPANY NAME.