

**APPLICATION FOR**

**LIFETIME HVACR LICENSE**

<b>ARKANSAS DEPARTMENT OF HEALTH</b>	<b>APPROVED</b>
<b>DIVISION OF PROTECTIVE HEALTH CODES</b>	FOR _____
<b>4815 W MARKHAM SLOT H-24</b>	BY _____
<b>LITTLE ROCK, AR 72205-3867</b>	

**NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**AGE & DOB** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**YOUR HVACR LICENSE IS:** **ACTIVE** \_\_\_\_\_ **DEFERRED** \_\_\_\_\_ **DELINQUENT** \_\_\_\_\_

**DATE AND NUMBER OF ORIGINAL HVACR LICENSE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**STATE OF** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

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

**SUBSCRIBED AND SWORN TO BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **, 20** \_\_\_\_\_

**SIGNATURE OF NOTARY** \_\_\_\_\_