

APPLICATION FOR ARKANSAS HVAC/R  
**REGISTRANT LICENSE**

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

**Payment must be included.**

**\$25.00**

Checks and money orders should be made out to the Arkansas Department of Health.

**Incomplete applications will be returned, unprocessed.**

EMPLOYEE'S NAME \_\_\_\_\_ DOB \_\_\_\_\_  
LAST, FIRST, MIDDLE SSN \_\_\_\_\_

EMPLOYEE'S ADDRESS: \_\_\_\_\_  
STREET OR PO BOX NUMBER \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

**WORK HISTORY:** HAVE YOU EVER BEEN REGISTERED WITH ANOTHER CONTRACTOR, IF SO PROVIDE NAME OF COMPANY AND CONTRACTOR'S NAME.  
IF NOT PLEASE LEAVE BLANK.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_  
CONTRACTOR'S LICENCE NUMBER \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
CONTRACTOR'S ADDRESS \_\_\_\_\_

STREET OR PO BOX NUMBER \_\_\_\_\_  
CONTRACTOR'S PHONE NUMBER \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
CONTRACTOR'S EMAIL ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

BY SIGNING THIS APPLICATION I AM ACKNOWLEDGING IT IS MY RESPONSIBILITY TO KEEP THE HVAC/R SECTION OF THE ARKANSAS DEPARTMENT OF HEALTH ADVISED OF MY CURRENT ADDRESS, PHONE NUMBER, AND EMPLOYER.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BY SIGNING THIS APPLICATION I AM ACKNOWLEDGING IT IS MY RESPONSIBILITY TO KEEP THE HVAC/R SECTION OF THE ARKANSAS DEPARTMENT OF HEALTH ADVISED OF MY CURRENT ADDRESS, PHONE NUMBER, AND TO MAINTAIN REGISTRATION OF EMPLOYEES YEARLY.

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_