

PLEASE RETURN ORDER FORM WITH FEE

**ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF PROTECTIVE HEALTH CODES
PLUMBING NATURAL GAS AND HVAC/R SECTION
4815 W MARKHAM SLOT #24
LITTLE ROCK, AR 72205-3867**

Name _____ DATE _____

Address _____ DOB _____

City/State/Zip _____ SS# _____

Telephone # _____

Please find enclosed: Check _____ Money Order _____ In the amount of \$ _____
to cover the cost of the following:

_____ 2006 Plumbing Code in Binder \$50.00 a copy \$ _____

_____ 2006 Gas Code in Binder \$50.00 a copy \$ _____

_____ 2003 Mechanical Code in Binder \$45.00 a copy \$ _____

Total Amount of order \$ _____

FOR OFFICE USE ONLY:

Mail In _____ Walk In _____ Check # _____

Plumbing & HVACR Code Customer # _____

Date Book Mailed _____

PLEASE RETURN ORDER FORM WITH PAYMENT