

**APPLICATION FOR REINSTATEMENT**  
**ARKANSAS PLUMBER'S LICENSE**

**CLASSIFICATION** \_\_\_\_\_ **LICENSE NUMBER** \_\_\_\_\_

**Arkansas Department of Health**  
**Office of Protective Health Codes**  
**Plumbing & Natural Gas Program --- 501-661-2642**  
**4815 W. Markham, Slot-24, Little Rock, Arkansas 72205-3867**

**FOR OFFICE USE ONLY**  
Date Approved \_\_\_\_\_ Year \_\_\_\_\_  
BY \_\_\_\_\_

1. NAME \_\_\_\_\_  
2. STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ SS# \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

**FOR OFFICE USE ONLY**  
FEES RECEIVED \_\_\_\_\_  
FROM \_\_\_\_\_  
DATE \_\_\_\_\_  
BY \_\_\_\_\_

3. DATE OF LAST LICENSE BEING REINSTATED: \_\_\_\_\_ (and) TYPE OF LICENSE HELD: \_\_\_\_\_

4. ADDRESS AT THE TIME YOUR LICENSE WAS ACTIVE: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5. REASON FOR LICENSE BECOMING INACTIVE: **(Please Specify in Detail)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. RECORD PLUMBING RELATED WORK HISTORY SINCE THE TIME OF DELINQUENCY OR DEFERMENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**See Related Instructions on Back of Form**