REQUEST TO READ / INTERPRET
FOR THE ARKANSAS STATE PLUMBERS EXAMINATION

ARKANSAS DEPARTMENT OF HEALTH
PROTECTIVE HEALTH CODES
4815 WEST MARKHAM ST., SLOT 24
LITTLE ROCK ARKANSAS, 72205-3867

NAME __________________________   __________________________   __________________________
(FIRST)   (MIDDLE)   (LAST)

ADDRESS ________________________________________ ZIP ______

SOCIAL SECURITY NUMBER________________________________________

PHONE NUMBER __________________________   __________________________   __________________________
(HOME)   (BUSINESS)   (CELL)

RELATIONSHIP TO EXAMINEE: __________________________________________

REASON FOR REQUEST: ________________________________________________

_____________________________________________________________________

Do you hold a plumber’s license or have any experience in the plumbing or fuel gas industry or have a relationship with anyone that has a plumber’s license? _____ _____

(If you answered YES, please elaborate on the reverse side of this page.)

SIGNATURE _________________________________________________________

Sworn to (or affirmed) and subscribed before me this______day of ____________, 20____,
by _________________________________________________________________

Signature of notary ___________________________________________________

State of________________________ (SEAL)
EXPERIENCE IN THE PLUMBING OR FUEL GAS INDUSTRY: