

# 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

EXAMINEE _____
APPROVED _____
EXAM DATE _____
BY _____

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)

