



# APPRENTICE PLUMBER

**FOR OFFICE USE**

EXP CREDIT \_\_\_\_\_  
BY \_\_\_\_\_  
REC'D \_\_\_\_\_  
FORM \_\_\_\_\_  
DATE \_\_\_\_\_  
BY \_\_\_\_\_  
LICENSE# \_\_\_\_\_  
ORG.DATE \_\_\_\_\_

## ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION  
4815 WEST MARKHAM STREET, SLOT # 24  
LITTLE ROCK, ARKANSAS 72205-3867  
PHONE (501) 661-2642 • FAX (501) 661-2671

**NAME** \_\_\_\_\_  
Last First Middle

**SOCIAL SECURITY** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

*The agency is required to obtain your Social Security Number for the purpose of child support enforcement. Except for its use in child support enforcement, your Social Security Number will not be used by the agency and will be held confidential.*

**FORMAL EDUCATION** Please check: GED  High School Diploma  College Degree

**HOME / CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

### COMPANY OR FIRM UNDER WHICH YOU WILL BE WORKING:

**NAME** \_\_\_\_\_ **LICENSE NUMBER** \_\_\_\_\_

### PREVIOUS REGISTRATION

Have you been registered as an apprentice plumber prior to date of this application? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, Give name of agency, committee or employer's name, complete address and phone number.

**NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
(Street, City, State and Zip Code)

GIVE DATES OF REGISTRATION. FROM \_\_\_\_\_ TO \_\_\_\_\_

### CANDIDATES BACKGROUND

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, provide the date, the state and nature of the offence) \_\_\_\_\_

### EMPLOYER REGISTRATION

**APPRENTICESHIP AGREEMENT:** This is to certify that \_\_\_\_\_ has a plumbing business located at: \_\_\_\_\_ (Firm Name)

\_\_\_\_\_  
(Street, City, State and Zip Code)

hereinafter designated Employer, has entered into a Plumbing Apprenticeship agreement with the applicant,

\_\_\_\_\_ hereinafter Designated Apprentice.  
(Name)

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

**It is understood that National Apprenticeship Standards will govern this Apprenticeship and that it is subject to registration with the Arkansas Division of the U.S. Bureau of Apprenticeship and Arkansas Department of Health.**

**Also, the Employer agrees to make every reasonable effort to keep the Apprentice employed and to assist him/her in related study and instruction. The Apprentice agrees to make every effort to complete his/her training, or study, according to Rules and Regulations of the State of Arkansas.**

**SIGNATURE** \_\_\_\_\_  
(Owner or Officer)

**SIGNATURE** \_\_\_\_\_  
(Designated Apprentice)

**SIGNATURE** \_\_\_\_\_  
(Parent or Guardian)  
(If apprentice is under 18 years of age)

Master Plumber must sign the agreement attesting that his/her supervision will honor the above Agreement in addition to all laws, rules and regulations governing Apprenticeship training.

**MASTER PLUMBER'S NAME** \_\_\_\_\_ **LICENSE NUMBER** \_\_\_\_\_  
(Print)

**SIGNATURE** \_\_\_\_\_

**EMPLOYER STATEMENT**

(TO BE COMPLETED BY EMPLOYER ONLY)

Our firm employs \_\_\_\_\_ Master and / Journeyman Plumbers. We are training \_\_\_\_\_ Plumbing Apprentices other than the Applicant at the present time. Our firm does the following types of plumbing:  
(Check each type which is applicable)

REPAIR \_\_\_\_\_ REMODELING \_\_\_\_\_ NEW HOUSING \_\_\_\_\_ INSTITUTIONAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

**COMMITTEE REGISTRATION**

If you are to be registered under an organized Apprenticeship Committee, this section is to be completed by the proper designated official of the committee.

**AGREEMENT**

This is to certify that the Applicant \_\_\_\_\_ has entered into a Plumbing Apprenticeship Agreement with the Joint Apprenticeship Committee  
\_\_\_\_\_ located at \_\_\_\_\_  
(School Name) (Street, City, State and Zip Code)

The Committee has evaluated the Applicant's schooling, background and plumbing experience and has allowed an experience credit of \_\_\_\_\_ years \_\_\_\_\_ months, or has set a beginning date of Apprenticeship training as \_\_\_\_\_.  
(Date)

**SIGNATURE** \_\_\_\_\_  
(Committee Official) (Title) (Phone)

# REQUEST FOR VERIFICATION OF LICENSE

Use this form to verify licensure from outside Arkansas, is applicable.

Out of state licensing will not be considered by the Committee without the proper completion of this form.

## PART 1 – TO BE COMPLETED BY THE APPLICANT

NAME \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY \_\_\_\_\_ D.O.B. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME / CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

I am requesting licensure in the state of Arkansas as a \_\_\_\_\_

I am / have been licensed in your state under the name of \_\_\_\_\_

My license number in your state is / was \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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## PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY

Please furnish the requested information and verify the document.

Name of Verifying State \_\_\_\_\_

Name of Licensee (as it appears in the Verifying State's records) \_\_\_\_\_

Name of Qualifying Person \_\_\_\_\_

Classification of License Issued \_\_\_\_\_

License Number \_\_\_\_\_ License Expiration Date \_\_\_\_\_

Has the licensee been continually licensed since the date of original license? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the applicant's license current? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the applicant's license in good standing and renewable? YES \_\_\_\_\_ NO \_\_\_\_\_

Has there been any disciplinary action or is any disciplinary action pending against the license?

YES \_\_\_\_\_ NO \_\_\_\_\_

Was the license issued based on examination? YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES, please provide the following:**

Examination Type \_\_\_\_\_ Date(s): \_\_\_\_\_

Examination Score \_\_\_\_\_

Code Model Base for the examination (IPC, IFGC, NPC, etc.....) \_\_\_\_\_

Was Education and / or Work Experience required for licensure? YES \_\_\_\_\_ NO \_\_\_\_\_

**SIGNATURE QUALIFYING PERSON** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

(SEAL)

**EMAIL** \_\_\_\_\_

**AGENCY** \_\_\_\_\_