



# JOURNEYMAN PLUMBER

FOR OFFICE USE	
REC'D	_____
FORM	_____
DATE	_____
BY	_____
EXAM 1	_____
EXAM 2	_____
EXAM 3	_____
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 \_\_\_\_\_ Application Fee/\$75  
 Last First Middle License Fee/\$75

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.*

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

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

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

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

### ARKANSAS MASTER PLUMBER UNDER WHICH YOU WILL BE WORKING:

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

### APPRENTICESHIP:

Did you serve a formal Plumber Apprenticeship? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Apprenticeship School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did you complete the training? YES \_\_\_\_\_ NO \_\_\_\_\_ If completed training as an apprentice

and have been released from apprentice training school, please have School / Committee Official sign.

Committee Official signature: \_\_\_\_\_

### LICENSE: (ATTACH PHOTOSTATIC COPY OF LICENSE TO APPLICATION)

Are you licensed in any city or state? \_\_\_\_\_ Date of Original License \_\_\_\_\_

Name of Licensing Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Is license active / current? \_\_\_\_\_ Type of license \_\_\_\_\_ License # \_\_\_\_\_

### WORK EXPERIENCE AND ADDITIONAL DOCUMENTATION:

- Application will not be considered for approval without submitting the required documentation that will support proof of experience. Documentation must accompany the application. DO NOT SEND SEPARATELY.

- Documentation must be at least (4) years' experience in all phases of plumbing. This can be in the form of records, affidavits, bona fide evidence from licensing agencies, or former employers who can attest to the applicant's work background as a plumber.
- **NOTE:**
  - Special consideration may be given to active duty military service member stationed in the state of Arkansas; or a returning military veteran applying within one (1) year of his/her discharge from active duty; or the spouse of such person.

**Candidate Work History / Experience**

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**Candidates Background**

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

**APPLICANT SIGNATURE:** \_\_\_\_\_

**The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.**

SUBSCRIBED AND SWORN TO BEFORE THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_ YEAR \_\_\_\_\_

SIGNATURE OF NOTARY \_\_\_\_\_

SEAL

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_