



# MASTER PLUMBER

## 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

FOR OFFICE USE	
REC'D	_____
FORM	_____
DATE	_____
BY	_____
EXAM 1	_____
EXAM 2	_____
EXAM 3	_____
LICENSE#	_____
ORG.DATE	_____

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.*

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 \_\_\_\_\_

### JOURNEYMANSHIP:

Have you held a Journeyman Plumber License in Arkansas?

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

### 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.

