

GAS FITTER

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

APPLICATION FEES ARE REQUIRED

Applications will not be reviewed without fees.
Application Fee/\$75 License
Fee/\$75

Plumbing & Natural Gas Section
4815 WEST MARKHAM STREET, SLOT # 24
LITTLE BOCK ARKANSAS 72205-2867

ARKANSAS DEPARTMENT OF HEALTH

PHONE (501) 661-2642 • FAX (501) 661-2671

NAME				
Last		First	Middle	
SOCIAL SECURITY		D.O.B		
The agency is required to obtain your So Social Security Number will not be used	cial Security Number	for the purpose of child support enforcer	ment. Except for its use in child suppor	rt enforcement, your
HOME / CELL PHONE		WORK PHONE		-
MAILING ADDRESS				-
СІТҮ		STATE		_
ZIP CODE 0	COUNTY	EMAIL		-
SUPERVISOR GAS FITTER OR	MASTER PLUM	IBER UNDER WHICH YOU WII	LL BE WORKING:	
NAME		LICENSE NUMBER		
CURRENT LICENSES, IF APPLI	CABLE: (ATTAC	H PHOTOSTATIC COPY OF LICI	ENSE TO APPLICATION)	
Are you licensed in any c	ity or state?	Date of Original Licens	e	
Name of Licensing Agenc	У			
Street Address				
City		Sta	ate	
Is license active / current	?Ty	pe 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 four (4) years' experience in the natural gas field. This can be in the form of records, affidavits, bona fide evidence from licensing agencies, or qualified former employers who can attest to the applicant's work background as a plumber. Current Arkansas Gas Fitters need only provide

work history for the length of their training. Out of State applications must include the **Verification of License Form** or equivalate. (Form on ADH website)

NOTE:

Special consideration may be given to Uniformed Service Members stationed in the state of Arkansas; or Uniformed Service Veterans residing or establishes residency in Arkansas; or the spouses of such persons.

Candidate Work Histo	ory / Experience			
Candidate Backgroun	d			
	uilty or nolo contendere or been or state and nature of the offence)_			
Are you or your spous	se a Uniformed Service Member c	or Uniformed Service Veteran? Y	ES	NO
APPLICANT SIGNATU	RE:			
	gning this application being d scribed to by him/her are true to ation.	-		
SUBSCRIBED AND	SWORN TO BEFORE THIS	DAY		
OF	YEAR			
SIGNATURE OF N	OTARY			
SEAL	STATE OF		_	
	COUNTY OF		_	