



**ARKANSAS DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH CODES  
CHANGE OF PERSONAL INFORMATION  
HVAC/R LICENSE  
FAX TO: (501)661-2671**

<b>FOR OFFICE USE ONLY</b>	
<b>CUSTOMER NUMBER:</b>	
<b>TODAY'S DATE:</b>	____/____/____
<b>SIGNATURE OF PHC STAFF:</b>	

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (SUFFIX)

HVAC/R LICENSE # \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

OLD COMPANY NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OLD PHONE NUMBER ( ) - .

NEW COMPANY NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTY \_\_\_\_\_

NEW PHONE NUMBER ( ) - .

EMAIL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_