

**LICENSURE APPLICATION FOR ARKANSAS HVAC,  
SHEETMETAL AND REFRIGERATION CONTACTOR**

**ARKANSAS DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH CODES  
4815 WEST MARKHAM STREET, SLOT #24  
LITTLE ROCK, AR 72205-3867**

<b><u>OFFICE USE ONLY</u></b> APPROVED DATE _____ FOR _____ BY _____ ICC DATE _____ DATE PASSED _____ CUSTOMER # _____ LICENSE # _____
---

1. NAME \_\_\_\_\_ DOB \_\_\_\_\_  
LAST, FIRST, MIDDLE, SUFFIX \_\_\_\_\_ SSN \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_

3. COMPANY'S DESIGNATED LICENSE HOLDER \_\_\_\_\_  
(THE PERSON RESPONSIBLE FOR REGISTRANTS AND HVACR WORK PERFORMED)

4. EMAIL ADDRESS \_\_\_\_\_

5. COMPANY'S MAILING ADDRESS \_\_\_\_\_

STREET OR PO BOX NUMBER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

6. HOME ADDRESS \_\_\_\_\_

STREET OR PO BOX NUMBER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

7. WORK HISTORY: HVAC EXPERIENCE, SHOW DATES OF EMPLOYMENT, AND NAMES OF EMPLOYERS. MINIMUM OF 2 YEARS REQUIRED.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. TYPE OF HVAC/R LICENSE REQUESTED, CIRCLE ONE.

CLASS A    CLASS B    CLASS C (SERVICE)    CLASS D (SHEETMETAL)    CLASS E (REFRIGERATION)  
(NOTE: APPLICANTS MUST BE AT LEAST 18 YEARS OLD TO QUALIFY)

I HEREBY AFFIRM THAT I HAVE AT LEAST TWO (2) YEARS OF EXPERIENCE AS AN HVAC CONTRACTOR OR HAVE WORKED IN THE HVAC BUSINESS FOR AT LEAST TWO (2) YEARS AND THAT ALL OF THE FACTS, STATEMENTS AND ANSWERS CONTAINED HEREIN ARE TRUE.

9. APPLICANT SIGNATURE \_\_\_\_\_

9. THE APPLICANT SIGNING THIS APPLICATION, BEING DULY SWORN, DECLARES THAT THE FOREGOING STATEMENTS SUBSCRIBED TO BY HIM ARE TRUE AND TO THE BEST OF MY KNOWLEDGE PERSONALLY SIGNED THIS APPLICATION.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_  
SIGNATURE OF NOTARY \_\_\_\_\_

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

(SEAL)

# INSTRUCTIONS

READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.  
FAILURE TO COMPLY WITH ALL INSTRUCTION WILL DELAY THE ISSUANCE OF YOUR LICENSE.

**NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED LEGIBLY. MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS. MAIL THE BOARD THE ORIGINAL TO THE ADDRESS AT THE TOP OF THE APPLICATION.**

1. TYPE LAST NAME FIRST.
  2. INDICATE THE NAME OF YOUR COMPANY (EX. JOHN SMITH A/C). IF YOU DO NOT HAVE A COMPANY NAME PICKED OUT YET, PLEASE USE YOUR LAST NAME AND THE LETTERS HVAC. (EX. SMITH HVAC)
  3. PLEASE INDICATE THE COMPANY'S DESIGNATED LICENSE HOLDER, IF OTHER THAN YOU, PLEASE NOTE THE LICENSE NUMBER OF THAT INDIVIDUAL.
  4. PROVIDE AN EMAIL ADDRESS, IF YOU HAVE ONE.
  5. COMPLETE THE COMPANY'S MAILING ADDRESS AND PHONE NUMBER.
  6. COMPLETE YOUR HOME MAILING ADDRESS AND PHONE NUMBER. WE WILL MAIL YOUR TESTING INFORMATION PACKET TO THIS ADDRESS.
  7. COMPLETE THE WORK HISTORY OF HVAC EXPERIENCE, SHOW DATES OF EMPLOYMENT, AND NAMES OF EMPLOYERS.
  8. PLEASE CIRCLE ONLY ONE, INDICATING THE EXAM YOU PREFER.
  9. PLEASE SIGN THE DOCUMENT IN THE PRESENCE OF A NOTARY PUBLIC.  
NOTARY PUBLIC WILL FILL OUT THE BOTTOM OF THE DOCUMENT, AND AFFIX AN OFFICAL STAMP.
- PLEASE RETURN THE APPLICATION WITHOUT FEES.
  - THE TESTING COMPANY WILL CHARGE YOU \$100 FOR EACH TIME YOU TAKE AN EXAM. AFTER YOU HAVE PASSED THE PRESCRIBED EXAMINATION OUR OFFICE WILL SEND YOU A BILL BY MAIL TO YOUR COMPANY ADDRESS FOR YOUR FIRST LICENSE. IN THE FUTURE YOU WILL BE BILLED ANNUALLY.
  - ONCE YOUR APPLICATION HAS BEEN APPROVED, YOU WILL BE SENT A TESTING INFORMATION PACKET. IF YOUR APPLICATION IS DENIED YOU WILL BE NOTIFIED, BY MAIL, AS TO WHY.
  - ALL BILLING, AS WELL AS FUTURE RENEWALS WILL BE SENT TO THE COMPANY ADDRESS ON THE APPLICATION. IT IS THE RESPONSIBILITY OF THE LICENSE HOLDER TO NOTIFY THIS OFFICE OF ANY CHANGE OF ADDRESS, PHONE NUMBER OR CHANGES IN YOUR COMPANY NAME WITH IN THIRTY (30) DAYS. YOU MUST MAKE ALL UPDATES TO YOUR CURRENT STATUS IN WRITING TO THE ADDRESS AT THE TOP OF THIS APPLICATION.