



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.

REQUEST FOR VERIFICATION OF LICENSE

Use this form to verify licensure from outside Arkansas, is applicable.

Out of state licensing will not be considered by the Committee without the proper completion of this form.

PART 1 – TO BE COMPLETED BY THE APPLICANT

NAME _____
Last First Middle

SOCIAL SECURITY _____ D.O.B. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME / CELL PHONE _____ WORK PHONE _____

EMAIL _____

I am requesting licensure in the state of Arkansas as a _____

I am / have been licensed in your state under the name of _____

My license number in your state is / was _____

Signature of Applicant _____ Date _____

PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY

Please furnish the requested information and verify the document.

Name of Verifying State _____

Name of Licensee (*as it appears in the Verifying State's records*) _____

Name of Qualifying Person _____

Classification of Licensed Issued _____

License Number _____ License Expiration Date _____

Has the licensee been continually licensed since the date of original license? YES _____ NO _____

Is the applicant's license current? YES _____ NO _____

Is the applicant's license in good standing and renewable? YES _____ NO _____

Has there been any disciplinary action or is any disciplinary action pending against the license?

YES _____ NO _____

Was the license issued based on examination? YES _____ NO _____

If YES, please provide the following:

Examination Type _____ Date(s): _____

Examination Score _____

Code Model Base for the examination (IPC, IFGC, NPC, etc.....) _____

Was Education and / or Work Experience required for licensure? YES _____ NO _____

SIGNATURE QUALIFYING PERSON _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

PHONE NUMBER _____

(SEAL)

EMAIL _____

AGENCY _____