



APPRENTICE PLUMBER

FOR OFFICE USE

EXP CREDIT _____
BY _____
REC'D _____
FORM _____
DATE _____
BY _____
LICENSE# _____
ORG.DATE _____

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

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.

FORMAL EDUCATION Please check: GED High School Diploma College Degree

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** _____

PREVIOUS REGISTRATION

Have you been registered as an apprentice plumber prior to date of this application? YES _____ NO _____ If YES, Give name of agency, committee or employer's name, complete address and phone number.

NAME _____ **PHONE NUMBER** _____

ADDRESS _____
(Street, City, State and Zip Code)

GIVE DATES OF REGISTRATION. FROM _____ TO _____

CANDIDATES BACKGROUND

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES _____ NO _____ (If YES, provide the date, the state and nature of the offence) _____

EMPLOYER REGISTRATION

APPRENTICESHIP AGREEMENT: This is to certify that _____ have a plumbing business located at: _____ (Firm Name)

(Street, City, State and Zip Code)

hereinafter designated Employer, has entered into a Plumbing Apprenticeship agreement with the applicant,

_____ hereinafter Designated Apprentice.
(Name)

PHONE _____ DATE _____

It is understood that National Apprenticeship Standards will govern this Apprenticeship and that is subject to registration with the Arkansas Division of the U.S. Bureau of Apprenticeship and Arkansas Department of Health.

Also, the Employer agrees to make every reasonable effort to keep the Apprentice employed and to assist him/her in related study and instruction. The Apprentice agrees to make every effort to complete his/her training, or study, according to Rules and Regulations of the State of Arkansas.

SIGNATURE _____
(Owner or Officer)

SIGNATURE _____
(Designated Apprentice)

SIGNATURE _____
(Parent or Guardian)
(If apprentice is under 18 years of age)

Master Plumber must sign the agreement attesting that his/her supervision will honor the above Agreement in addition to all laws, rules and regulations governing Apprenticeship training.

MASTER PLUMBER'S NAME _____ **LICENSE NUMBER** _____
(Print)

SIGNATURE _____

EMPLOYER STATEMENT

(TO BE COMPLETED BY EMPLOYER ONLY)

Our firm employs _____ Master and / Journeyman Plumbers. We are training _____ Plumbing Apprentices other than the Applicant at the present time. Our firm does the following types of plumbing:
(Check each type which is applicable)

REPAIR _____ REMODELING _____ NEW HOUSING _____ INSTITUTIONAL _____ INDUSTRIAL _____

COMMITTEE REGISTRATION

If you are to be registered under an organized Apprenticeship Committee, this section is to be completed by the proper designated official of the committee.

AGREEMENT

This is to certify that the Applicant _____ has entered into a Plumbing Apprenticeship Agreement with the Joint Apprenticeship Committee
_____ located at _____
(School Name) (Street, City, State and Zip Code)

The Committee has evaluated the Applicant's schooling, background and plumbing experience and has allowed an experience credit of _____ years _____ months, or has set a beginning date of Apprenticeship training as _____.
(Date)

SIGNATURE _____

REQUEST FOR VERIFICATION OF LICENSE

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

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

PART 1 – TO BE COMPETED 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 COMPETED 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 _____