





# 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 \_\_\_\_\_

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## 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** \_\_\_\_\_