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.
• Documentation must be at least (5) years’ experience in all phases of plumbing. This can be in the form of records, affidavits, bona fide evidence from licensing agencies, or former employers who can attest to the applicant’s work background as a plumber. Current Arkansas Journeyman Plumbers need only provide work history for the length of their Journeymanship.

• **NOTE:**
  - A registered professional engineer with special expertise in plumbing engineering may provide educational history, documentation, and credentials for consideration by the Committee to obtain master licensing.
  - Special consideration may be given to active duty military service member stationed in the state of Arkansas; or a returning military veteran applying within one (1) year of his/her discharge from active duty; or the spouse of such person.

**Candidate Work History / Experience**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

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____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

**Candidates Background**

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES_______ OR NO_______ (If yes, provide the date, the state and nature of the offence)

____________________________________________________________________________________________

APPLICANT SIGATURE: __________________________________________

The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.

SUBSCRIBED AND SWORN TO BEFORE THIS ___________ DAY

OF _________________________ YEAR _____________________

SIGNATURE OF NOTARY __________________________________________

SEAL

STATE OF __________________________________________

COUNTY OF __________________________________________

9/16/2020
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 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?

9/16/2020
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 __________________________________________________