



**ARKANSAS DEPARTMENT OF HEALTH
PROTECTIVE HEALTH CODES
CHANGE OF PERSONAL INFORMATION
PLUMBING LICENSE
FAX TO: (501)661.2671**

FOR OFFICE USE ONLY	
CUSTOMER NUMBER:	
TODAY'S DATE:	____/____/____
SIGNATURE OF PHC STAFF:	

NAME _____
(LAST) (FIRST) (MIDDLE) (SUFFIX)

LICENSE # _____ DOB _____ SSN# _____

OLD ADDRESS _____

NEW ADDRESS _____

COUNTY _____

OLD PHONE NUMBER () _____ - _____.

NEW PHONE NUMBER () _____ - _____.

SIGNATURE _____

DATE _____