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LICENSE NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_ ISSUSER \_\_\_\_\_

ORIG. ISSUE DATE \_\_\_\_\_ EXPERIATION DATE \_\_\_\_\_

If you are advancing from an Arkansas gas fitters license, provide the name and license number of the supervisor gas fitter or master plumber you have been working under.

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

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**PROVIDE NATURAL GAS EXPERIENCE, QUALIFICATIONS.**

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**COMPANY UNDER WHICH YOU WILL BE WORKING:**

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

LOCATED AT \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

# 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 \_\_\_\_\_

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