



FOR OFFICE USE  
 REC'D \_\_\_\_\_  
 FORM \_\_\_\_\_  
 DATE \_\_\_\_\_  
 BY \_\_\_\_\_  
 EXAM 1 \_\_\_\_\_  
 EXAM 2 \_\_\_\_\_  
 EXAM 3 \_\_\_\_\_  
 LICENSE # \_\_\_\_\_  
 ORG. DATE \_\_\_\_\_

# WATER AND SEWER SERVICE LINE INSTALLERS LICENSE

## RESTRICTED PLUMBING LICENSE

Application Fee \$125  
 License Fee \$200

**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.*

**HOME / CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CANDIDATE’S BACKGROUND**

**Formal education** Please check: GED  High School Diploma  College Degree

**Criminal disclosure** 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 on the line below)

\_\_\_\_\_  
 \_\_\_\_\_

**Licenses** ( Attach a copy of professional licenses listed below.)

Are you licensed in any city or state? \_\_\_\_\_ Date of Original License \_\_\_\_\_ License Type \_\_\_\_\_

Work history related to experience in this field: \_\_\_\_\_  
\_\_\_\_\_

NAME OF VERIFYING UTILITY \_\_\_\_\_

UTILITY AUTHORIZER NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
Print

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AREA STATE PLUMBING INSPECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This is not a statewide license; it will only be valid for water and/ or sewer services of customers under the purview of the verifying utility. Working outside your authorized area may result in license revocation.

**REQUIRED SUPPORTING DOCUMENTATION** (Applications will not be processed without the following documents.)

A letter from the verifying utility stating that they are currently extending or renovating in a major service area or have other justifications that necessitate the issuance of this license type.

A copy of a government issued photo i.d.

This license does not renew. License holders shall reapply prior to the expiration date. All supporting documentation must be updated and submitted with each reapplication.

SIGNATURE OF APPLICANT \_\_\_\_\_

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 ME THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_ YEAR \_\_\_\_\_

SIGNATURE OF NOTARY \_\_\_\_\_

SEAL

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_