



# Arkansas Department of Health Laboratory Staff ID Card Application



Scan the QR code to apply online or go to:  
<http://www.healthy.arkansas.gov/programs-services/topics/id-card-apply-online>

<b>Laboratory Official Name</b>		<input type="checkbox"/> <b>New Application</b>	<input type="checkbox"/> <b>Renewal</b>
		Phone	
<b>Laboratory Mailing Address</b>			
Street Number and Street Name (or PO Box)			
City		State	Zip Code

<b>Employee Name</b>				
Last Name		First Name		M
Date of Birth (MM/DD/YYYY)	Sex Male      Female	Race		
Arkansas DL or ID Number	Expiration Date (MM/DD/YYYY)	Last 4 digits of SSN		

<b>By signing, below, I authorize the Arkansas Department of Health to issue a Laboratory Employee ID card to the above employee.</b>	
Lab Owner/Designee Signature	Date
Print Name	

<b>By signing, below, I agree to follow all rules, regulations, and laws relating to Arkansas Medical Marijuana</b>	
Employee Signature	Date
Print Name	