APPLICATION FOR HVAC/R
MUNICIPAL INSPECTOR CERTIFICATION / RE-CERTIFICATION

ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF PROTECTIVE HEALTH CODES
4815 W MARKHAM SLOT H-24
LITTLE ROCK, AR 72205-3867
PH# 501-661-2642
Fax# 501-661-2671

APPROVED _____

FOR _____

BY _____

1. Name: _____
Last **First** **Middle**

2. Date of Birth _____ **3. Social Security Number** _____

4. Employed by _____ **in** _____
City **County**

5. Job Title _____

6. Address _____ _____ _____
Street or P.O. Box **City** **Zip**

7. Phone: Work _____ **Home** _____

8. Are You ICC Certified? Yes _____ **No** _____ **In What Category?** _____

9. Our CITY ADOPTED AR. MECH. CODE BY ORDINANCE # _____ **or process of** _____
_____ _____

10. List any Amendments to original ordinance since last Certification _____
_____

11. ARKANSAS MUN. INSP. LICENSE NO. _____ **12. EXPIRES** _____

Preference for Training Location / Date _____

14. I hereby affirm that the above is true and I am authorized by my City to Apply

_____
Signature

15. Signature of Approving Official

Signed _____

Title _____

_____

REV (6/03/10)