



LIFETIME PLUMBING LICENSE

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 _____

LICENSE NUMBER _____ EXPIRATION DATE _____

DATE THE ORIGINAL MASTER PLUMBING LICENSE WAS ISSUED _____

APPLICANT SIGNATURE: _____

The applicant signing this application being duly sworn declared that the foregoing statements 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 THIS _____ DAY

OF _____ YEAR _____

SIGNATURE OF NOTARY _____

SEAL

STATE OF _____

COUNTY OF _____



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

Lifetime Master Plumber License Restrictions

QUALIFICATIONS

At least sixty-five years of age.

Must have held an Arkansas Master Plumber License for at least twelve years.

RESTRICTIONS

1. Not eligible to preform or contract plumbing installation on any construction or remodeling of :
 - Supermarkets
 - Shopping Centers
 - Housing Projects
 - Apartment Complex
 - Industrial Building
 - Educational Institutions
 - Hospitals
 - Nursing Homes
 - Any other construction containing more than twenty-three fixture units.
2. No person holding a Lifetime Master Plumber License can register an Apprentice Plumber.