



# APPRENTICE PLUMBER

## FOR OFFICE USE

EXP CREDIT \_\_\_\_\_  
BY \_\_\_\_\_  
REC'D \_\_\_\_\_  
FORM \_\_\_\_\_  
DATE \_\_\_\_\_  
BY \_\_\_\_\_  
LICENSE# \_\_\_\_\_  
ORG. DATE \_\_\_\_\_

License Fee/\$25

## 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.*

FORMAL EDUCATION Please check: GED ☐ High School Diploma ☐ College Degree ☐

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

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

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

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

## ARKANSAS MASTER PLUMBER YOU WILL BE WORKING UNDER:

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

## PREVIOUS REGISTRATION

Have you been registered as an apprentice plumber prior to date of this application? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES,

Give name of agency, committee or employer's name, complete address and phone number.

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street, City, State and Zip Code)

GIVE DATES OF REGISTRATION. FROM \_\_\_\_\_ TO \_\_\_\_\_

## CANDIDATES BACKGROUND

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) \_\_\_\_\_

EMPLOYER REGISTRATION (Month/Year) (County/State) (Offence)

APPRENTICESHIP AGREEMENT: This is to certify that \_\_\_\_\_ has a plumbing business located at: \_\_\_\_\_ (Firm Name)

(Street, City, State and Zip Code)

9/16/2025

hereinafter designated Employer, has entered into a Plumbing Apprenticeship agreement with the applicant,

\_\_\_\_\_ hereinafter Designated Apprentice.  
(Name)

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

It is understood that National Apprenticeship Standards will govern this Apprenticeship and that it is subject to registration with the Arkansas Division of the U.S. Bureau of Apprenticeship and Arkansas Department of Health.

Also, the Employer agrees to make every reasonable effort to keep the Apprentice employed and to assist him/her in related study and instruction. The Apprentice agrees to make every effort to complete his/her training, or study, according to Rules and Regulations of the State of Arkansas.

**SIGNATURE** \_\_\_\_\_  
(Owner or Officer)

**SIGNATURE** \_\_\_\_\_  
(Designated Apprentice)

**SIGNATURE** \_\_\_\_\_  
(Parent or Guardian)  
(If apprentice is under 18 years of age)

Master Plumber must sign the agreement attesting that his/her supervision will honor the above Agreement in addition to all laws, rules and regulations governing Apprenticeship training.

**ARKANSAS MASTER PLUMBER'S NAME** \_\_\_\_\_ **LICENSE NUMBER** \_\_\_\_\_  
(Print)

**SIGNATURE** \_\_\_\_\_

### **EMPLOYER STATEMENT**

(TO BE COMPLETED BY EMPLOYER ONLY)

Our firm employs \_\_\_\_\_ Master and / Journeyman Plumbers. We are training \_\_\_\_\_ Plumbing Apprentices other than the Applicant at the present time. Our firm does the following types of plumbing:  
(Check each type which is applicable)

REPAIR \_\_\_\_\_ REMODELING \_\_\_\_\_ NEW HOUSING \_\_\_\_\_ INSTITUTIONAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

### **COMMITTEE REGISTRATION**

If you are to be registered under an organized Apprenticeship Committee, this section is to be completed by the proper designated official of the committee.

### **AGREEMENT**

This is to certify that the Applicant \_\_\_\_\_ has entered into a Plumbing Apprenticeship Agreement with the Joint Apprenticeship Committee  
\_\_\_\_\_ located at \_\_\_\_\_  
(School Name) (Street, City, State and Zip Code)

The Committee has evaluated the Applicant's schooling, background and plumbing experience and has allowed an experience credit of \_\_\_\_\_ years \_\_\_\_\_ months, or has set a beginning date of Apprenticeship training as \_\_\_\_\_.  
(Date)

**SIGNATURE** \_\_\_\_\_  
(Committee Official) (Title) (Phone)