APPLICATION FOR ARKANSAS ASSEMBLY REPAIR TECHNICIAN

MPETENCY LICENSE	APPROVED
	EXAM DATE

Arkansas Department of Health Plumbing & Natural Gas Section 4815 W. Markham St., Slot 24 Little Rock Arkansas 72205-3867 501-661-2642

This Application Is Not For Re-certification!
Only for taking the State Test!

Rock Arkansas 72205-3867		
61-2642		
NAME		
(FIRST)	(MIDDLE)	(LAST)
. ADDRESS		ZIP
D.O.B	SOCIAL SECURITY NUMBER	
PHONE NUMBER		
	(номе)	(BUSINESS)
	CHNICIAN LICENSE REQUIRED T	
HAVE YOU ATTENDED A RE lust attach verification of training	PAIR TRAINING PROGRAM? YE	ES NO
	IE OF THE PROGRAM AND DATI	
	OR NOLO CONTENDERE OR BEEN le the date, the state and nature o	CONVICTED OF A CRIME? YES f the offence)
(month/year)	(County/State)	(Offence)
HEREBY AFFIRM THAT ALL (OF THE FACTS, STATEMENTS AN	ID ANSWERS HEREIN ARE TRUE.
APPLICANT'S SIGNATURE		
		ares that the foregoing statements lge personally signed this application.
ubscribed and sworn to befo	ore me this	
ignature of notary		
State of	/	seal)

INSTRUCTIONS

- 1. Please type or print legibly.
- 2. Date of Birth and Social Security Numbers are required.
- 3. Provide and / or attach additional documentation, if necessary.
- 4. Please do not send any fees ----- No charge for examination or license.
- 5. Please have application notarized.
- 6. Please attach certificate or copy from training program.
- Only certifications from training programs with State accreditation or those verified to be substantially similar will be accepted. Documentation of similarity is the applicant responsibility.
- 8. For questions, please call 501-661-2642

INFORMATION

- 1. A plumber's license is not required to repair backflow devices within the scope of the plumbing system.
- 2. License cards shall be issued to all candidates that successfully pass the examination.
- 3. Re-certification cards will be issued only after the candidate shows proof of recertification training at a State accredited program.
- 4. The candidate may be required to submit additional documentation to confirm meeting the training requirements.
- 5. The Assembly Testing Technician State Certification is required prior to applying for the Assembly Repair Technician State Certification.
- 6. Failure to obtain re-certification by the Tester License expiration date will result in the inactivation of Assembly Tester and Repair licenses.
- 7. Re-certification is required every 24 months. Failure to re-certify for more than thirty-six months will require full retraining and retesting prior to state license renewal.

Special Consideration for Active-Duty service members, returning veterans and their respective spouses is available for licensure, certification or permitting per Ark. Code 17-1-106



Backflow Prevention Tester & Repair Technician Affidavit

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

I understand and acknowledge that the <i>Backflow Prevention Assembly</i> Tester Technician Training Certification is required to
obtain the Repair Technician Certification. Initial
I understand and acknowledge that the Backflow Prevention Assembly Tester Technician Training Certification must be
current and in good standing for the Repair Technician License to be valid. Initial
I understand and acknowledge that the Backflow Prevention Assembly Tester and Repair Technician Certificate of
Competency permits inline testing and/or repair Backflow Prevention Assemblies. Initial
I understand and acknowledge that the Backflow Prevention Assembly Tester and Repair Technician Certificate of
Competency does not permit me to install, remove or reinstall backflow prevention assemblies unless I also hold an Arkansas
Master, Journeyman or Restricted Plumbing license. Initial
APPLICANT NAME (PRINTED CLEARLY)
APPLICANT SIGNATURE:
SUBSCRIBED AND SWORN TO BEFORE THISDAY
OFYEAR
SIGNATURE OF NOTARY
SEAL
STATE OF

COUNTY OF_____