



# MASTER PLUMBER

## 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

FOR OFFICE USE	
REC'D	_____
FORM	_____
DATE	_____
BY	_____
EXAM 1	_____
EXAM 2	_____
EXAM 3	_____
LICENSE #	_____
ORG.DATE	_____

**APPLICATION FEES ARE REQUIRED**

Applications will not be reviewed without fees.  
Application Fee/\$125  
License Fee/\$200

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 \_\_\_\_\_

COMPANY OR FIRM UNDER WHICH YOU WILL BE WORKING:  
NAME \_\_\_\_\_

### JOURNEYMANSHIP:

Have you held a Journeyman Plumber License in Arkansas? YES \_\_\_\_\_ NO \_\_\_\_\_

### LICENSE: (ATTACH PHOTOSTATIC COPY OF LICENSE TO APPLICATION)

Are you licensed in any city or state? \_\_\_\_\_ Date of Original License \_\_\_\_\_

Name of Licensing Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Is license active / current? \_\_\_\_\_ Type of license \_\_\_\_\_ License # \_\_\_\_\_

### WORK EXPERIENCE AND ADDITIONAL DOCUMENTATION:

- Application will not be considered for approval without submitting the required documentation that will support proof of experience.
- Documentation must accompany the application. DO NOT SEND SEPARATELY.
- Documentation must be at least five (5) years' experience in all phases of plumbing and natural gas. This can be in the form of records, affidavits, bona fide evidence from licensing agencies, or qualified former employers who can attest to the applicant's work background as a plumber. Current Arkansas Journeyman

Plumbers need only provide work history for the length of their Journeymanship. Out of State applications must include a completed **Verification of License Form** or equivalent. ( Form on ADH website)

**NOTE:**

- A registered professional engineer with special expertise in plumbing engineering may provide educational history, documentation, and credentials for consideration by the Committee to obtain master licensing.
- Special consideration may be given to Uniformed Service Members stationed in the state of Arkansas; or Uniformed Service Veterans residing or establishes residency in Arkansas; or the spouses of such persons.

**Candidate Work History / Experience**

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**Candidate 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) \_\_\_\_\_

Are you or your spouse a Uniformed Service Member or Uniformed Service Veteran? YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**The applicant signing this application being duly sworn declared that the foregoing statements and attachments 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 \_\_\_\_\_