



FOR OFFICE USE

Approval Date _____

By _____

Fees Rec'd \$ _____

(Fees are required with the application)

DEFERMENT APPLICATION 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 TYPE _____ LICENSE NUMBER _____
(Master or Journeyman Plumber Only)

REASON FOR REQUESTING DEFERMENT

INSTRUCTIONS

Deferment of Master or Journeyman Plumber license only. Fees are \$20.00 per year due by December 31. Curtsey Deferment without fees may be granted to plumbers legally appointed or employed as plumbing inspectors and shall be granted to members and spouses of members of the Uniformed Services. Except for Curtsey Deferments, reinstatement requires a reinstatement application, \$20.00 deferment fee and license fee. Request for reinstatement of license held in deferment for five years or more will require Committee approval and may require re-examination .

SIGNATURE _____

DATE _____

The applicant signing this Application being duly sworn declares that the foregoing statements subscribed to by him /or she are true to the best of he/or her knowledge and that he/ or she personally signed this application. Subscribed and sworn to before me this _____ day of _____

SIGNATURE OF NOTARY _____

SEAL