



GAS UTILITY SERVICEPERSON

FOR OFFICE USE	
REC'D	_____
DATE	_____
BY	_____
LICENSE#	_____
ORG.DATE	_____

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

REGISTRANT INFORMATION :

NAME _____
(Print) 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 ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE OF REGISTRANT _____

GAS UTILITY COMPANY INFORMATION:

NAME _____ LICENSE NUMBER _____

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

NAME AND POSITION OF AUTHORIZED REPRESENTATIVE _____

(Print)

PHONE NUMBER _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____