



CHANGE OF PERSONAL INFORMATION REQUEST PLUMBING & NATURAL GAS SECTION

FOR OFFICE USE ONLY
CUSTOMER # _____
DATE _____
SIGNATURE _____

NAME _____
(LAST) (FIRST) (MIDDLE) (SUFFIX)

LICENSE # _____ DOB _____ SSN _____

OLD ADDRESS _____

NEW ADDRESS _____

COUNTY _____

OLD PHONE NUMBER (____) _____

NEW PHONE NUMBER (____) _____

SIGNATURE _____

DATE _____

SEND TO: Fax 501-661-2671; **Email** ADH.PHC@Arkansas.gov;
Mail Arkansas Dept. of Health
Protective Health Codes Slot #24
4815 W. Markham St.
Little Rock, AR. 72205-3867

Protecting your identity is important to us, that is why we strive to ensure that any changes to a licensee's file is with their knowledge and approval.