

REQUEST FOR VERIFICATION OF LICENSE

Use this form to verify licensure from outside Arkansas, is applicable.
Out of state licensing will not be considered by the Committee without the proper completion of this form.

PART 1 – TO BE COMPLETED BY THE APPLICANT

NAME _____
Last First Middle

SOCIAL SECURITY _____ D.O.B. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME / CELL PHONE _____ WORK PHONE _____

EMAIL _____

I am requesting licensure in the state of Arkansas as a _____

I am / have been licensed in your state under the name of _____

My license number in your state is / was _____

Signature of Applicant _____ Date _____

PART 2 – TO BE COMPLETED BY THE AGENCY THAT ISSUED YOUR CURRENT LICENSE

Please furnish the requested information and verify the document.

Verifying Agency _____

Name of Licensee (as it appears in the Verifying Agency's records) _____

Classification or Level of Licensed Issued _____

License Number _____ Original Issued date _____ Expiration Date _____

Is the applicant's license current? YES _____ NO _____

Is the applicant's license in good standing and renewable? YES _____ NO _____

Has there been disciplinary actions against this license? YES _____ NO _____

Is there pending or unresolved disciplinary issues against this license? YES _____ NO _____

Was Education and / or Work Experience required for license? YES _____ NO _____

Was the license issued based on examination? YES _____ NO _____

If YES, please provide the following:

Did the examination include Natural Gas Codes? YES _____ NO _____

Examination Type(s) _____ Date(s): _____

Examination Score _____

Code Model Base for the examination (IPC, IFGC, NPC, etc.....) _____

Does the Verifying Agency reciprocate Arkansas Plumbing Licenses? YES _____ NO _____

SIGNATURE OF VERIFYING AGENT _____ **DATE** _____

NAME (print) _____ **TITLE** (print) _____

PHONE NUMBER _____

(SEAL)

EMAIL _____

AGENCY _____