



SUPERVISOR GAS FITTER

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

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 _____

CANDIDATE'S BACKGROUND

FORMAL EDUCATION Please check: GED High School Diploma College Degree

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 _____

CURRENT LICENSES, IF APPLICABLE.

Attach copies of licenses. Applicants that are licensed in another state or territory must provide a completed ***Request for Verification of License Form** <https://www.healthy.arkansas.gov/programs-services/topics/plumbing-natural-gas> or equivalent documentation, completed by the program that issued the license.

LICENSE NUMBER _____ TYPE _____ ISSUSER _____
ORIG. ISSUE DATE _____ EXPIRATION DATE _____

If you are advancing from an Arkansas Gas Fitters License, provide the name and license number of the supervisor gas fitter or master plumber you have been working under.

NAME _____ LICENSE NUMBER _____

PROVIDE NATURAL GAS EXPERIENCE, QUALIFICATIONS.

COMPANY UNDER WHICH YOU WILL BE WORKING:

NAME _____ LICENSE NUMBER _____

LOCATED AT _____ STREET _____

CITY _____ STATE _____ ZIP _____

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 _____