

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

**Uniformed Service Member or Spouse Plumber Licensure
Supplemental Application**

I am applying for an equivalent license that I currently hold in good standing issued by another United States state or territory. I or my spouse have been transferred to, or I am moving to Arkansas. I qualify for automatic licensure reserved for Uniformed Services Members, Veterans and their spouses as provided for and outlined in Act 135 of 2021.

Must include supporting documentation.

AND

My qualifying license is in good standing with the licensing agency. I have never had a plumbing license revoked or suspended in any other state. **Must include “Verification of License Form” completed by the agency that issued your qualifying license.**

I understand that if licensed in Arkansas, my plumbing work and service will be subject to the current Arkansas Plumbing Code, Arkansas Fuel Gas code and the Arkansas Plumbing Law Ark. Anna. §17-38-101 et seq. This is a supplemental application and **must include an application for the license you are applying for.**

The following verifications, information and documents are required to be submitted **with this form** to the Arkansas Committee of Plumbing Examiners for consideration for reciprocity:

- *Verification of License Form* or equivalent from a state licensing agency.
- Photocopy of all current plumbing licenses and driver’s license.
- A completed Arkansas Plumber License Application.
- A signed copy of this form.
- Uniform service member qualification verification documents.
- All applicable fees. **(See the ADH website for application instructions, fees, verification forms and applications. <https://www.healthy.arkansas.gov/>)**

All materials must be complete and submitted together with applicable fees, prior to consideration.

NAME _____
Last First Middle

APPLICANT SIGNATURE: _____