



WATER AND SEWER SERVICE LINE INSTALLERS LICENSE RESTRICTED PLUMBING LICENSE

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

Criminal disclosure 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 on the line below)

Licenses (Attach a COPY of any professional licenses listed below and your driver's license.) Verification of licenses will be required.

Are you licensed in any city or state? _____ Date of Original License _____ License Type _____

Work history related to experience in this field (Required): _____

REQUIRED SUPPORTING DOCUMENTATION

Applications will not be processed without the application fee and the following documentation.
Qualifying licenses will not be considered without a completed Request for Verification Form or equivalent.
Bona Fide Documentation of practical work experience in related fields.
A copy of a government issued photo i.d.

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. This is a Restricted Plumbing Licenses. Licensees are subject to the Arkansas Committee of Plumbing Examiners. Licenses may be revoked for incompetency or fraudulent submittals.

SIGNATURE OF APPLICANT _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

OF _____ YEAR _____

SIGNATURE OF NOTARY _____

SEAL

STATE OF _____

COUNTY OF _____