



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

Formal education Please check: GED High School Diploma College Degree

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 professional licenses listed below.)

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

Work history related to experience in this field: _____

NAME OF VERIFYING UTILITY _____

UTILITY AUTHORIZER NAME _____ POSITION _____
Print

SIGNATURE _____ DATE _____

AREA STATE PLUMBING INSPECTOR SIGNATURE _____ DATE _____

This is not a statewide license; it will only be valid for water and/ or sewer services of customers under the purview of the verifying utility. Working outside your authorized area may result in license revocation.

REQUIRED SUPPORTING DOCUMENTATION (Applications will not be processed without the following documents.)

A letter from the verifying utility stating that they are currently extending or renovating in a major service area or have other justifications that necessitate the issuance of this license type.

A copy of a government issued photo i.d.

This license does not renew. License holders shall reapply prior to the expiration date. All supporting documentation must be updated and submitted with each reapplication.

SIGNATURE OF APPLICANT _____

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 ME THIS _____ DAY

OF _____ YEAR _____

SIGNATURE OF NOTARY _____

SEAL

STATE OF _____

COUNTY OF _____