LICENSURE APPLICATION
FOR ASSEMBLY
REPAIR TECHNICIAN

ARKANSAS DEPARTMENT OF HEALTH	APPROVED_____
DIVISION OF PROTECTIVE HEALTH CODES	EXAM DATE_____
PLUMBING AND NATURAL GAS SECTION	BY_____

4815 WEST MARKHAM ST., SLOT # 24
LITTLE ROCK, ARKANSAS 72205-3867

This Application Is Not For Re-certification!
Only for taking the State Test!

1. NAME_____ _____ _____
(FIRST) (MIDDLE) (LAST)

2. ADDRESS_____ZIP_____

3. DATE OF BIRTH_____ SOCIAL SECURITY NUMBER _____

4. PHONE NUMBER _____ _____
(HOME) (BUSINESS)

5. DO YOU HOLD AN OCCUPATIONAL LICENSE? _____

6. IF SO, FROM WHAT STATE? _____

7. WHAT KIND OF LICENSE DO YOU HAVE? (_____) (_____)

8. HAVE YOU ATTENDED A BACKFLOW SCHOOL? YES_____ NO_____

IF YES, SEND PROOF!

9. PLEASE INDICATE THE NAME OF AND ADDRESS OF SCHOOL AND DATES ATTENDED_____

I HEREBY AFFIRM THAT ALL OF THE FACTS, STATEMENTS AND ANSWERS CONTAINED HEREIN ARE TRUE.

***APPLICANT'S SIGNATURE*_____**

The applicant signing this application, being duly sworn, declares that the foregoing statements subscribed to by him/her are true and to best of my knowledge personally signed this application.

Subscribed and sworn to before me this _____

*Signature of notary*_____

State of _____ *(seal)*