



# LIFETIME PLUMBING LICENSE

## 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 \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DATE THE ORIGINAL MASTER PLUMBING LICENSE WAS ISSUED \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**The applicant signing this application being duly sworn declared that the foregoing statements 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 \_\_\_\_\_