



SUPERVISOR GAS FITTER

FOR OFFICE USE

REC'D _____

FORM _____

DATE _____

BY _____

EXAM 1 _____

EXAM 2 _____

EXAM 3 _____

LICENSE# _____

ORG.DATE _____

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

Application Fee/\$125 License Fee/\$200

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 _____

COMPANY FOR WHICH YOU WILL BE WORKING:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT LICENSES, IF APPLICABLE: (ATTACH PHOTOSTATIC COPY OF LICENSE TO APPLICATION)

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

Name of Licensing Agency _____

Street Address _____

City _____ State _____

Is license active / current? _____ Type of license _____ License # _____

If you are advancing from a licensed Arkansas Gas Fitters, provide the name and license number of the Supervisor Gas Fitter or Master Plumber you have been working under.

NAME _____ LICENSE NUMBER _____

WORK EXPERIENCE AND ADDITIONAL DOCUMENTATION:

- Application will not be considered for approval without submitting the required documentation that will support proof of experience.
- Documentation must accompany the application. DO NOT SEND SEPARATELY.
- Documentation must be at least five (5) years' experience in the natural gas field. This can be in the form of records, affidavits, bona fide evidence from licensing agencies, or qualified former employers who can attest to the applicant's work background as a plumber. Current Arkansas Gas Fitters need only provide work history for the length of their training. Out of State applications must include the **Verification of License Form** or equivalent. (Form on ADH website)

NOTE:

- Special consideration may be given to Uniformed Service Members stationed in the state of Arkansas; or Uniformed Service Veterans residing or establishes residency in Arkansas ; or the spouses of such persons.

Candidate Work History / Experience

Candidate Background

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) _____

Are you or your spouse a Uniformed Service Member or Uniformed Service Veteran? YES _____ NO _____

APPLICANT SIGNATURE: _____

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 THIS _____ DAY

OF _____ YEAR _____

SIGNATURE OF NOTARY _____

SEAL

STATE OF _____

COUNTY OF _____