



GAS FITTER TRAINEE

FOR OFFICE USE	
REC'D _____	
FORM _____	
DATE _____	
BY _____	
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

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

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) _____

COMPANY, FIRM, PLUMBER OR SUPERVISOR GAS FITTER UNDER WHICH YOU WILL BE WORKING:

NAME _____ LICENSE NUMBER _____

EMPLOYER
 TRAINING AGREEMENT: This is to certify that _____
FIRM NAME

LOCATED AT _____ STREET _____

CITY _____ STATE _____ ZIP _____

hereinafter designated Employer, has entered into a Training agreement with the

Applicant, _____, hereinafter designated Trainee.
NAME

The Employer agrees to make reasonable effort to keep the Trainee employed and to assist him/her in related study and instruction. The trainee agrees to make every effort to complete his/her training, which includes related training, study, according to Rules and Regulations of the State of Arkansas.

We have evidence, or have evaluated the previous experience of the Applicant and believe he or she should be allowed experience credit of _____ Years _____ Months on their term of training.

SIGNATURE _____
TRAINEE

SIGNATURE _____
PARENT OR GUARDIAN (Should Trainee Be Under 18 Years of Age)

If other than Owner, a Supervising Gas Fitter must sign the Agreement attesting that the trainee supervision will honor the above Agreement in addition to all Laws, Rules and Regulations governing training Gas Fitters.

SIGNATURE _____ LICENSE NUMBER _____
SUPERVISOR

EMPLOYER STATEMENT (To be completed by Employer only)

Our firm employs _____ Gas Fitters. Gas Trainees _____

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 _____