

ARKANSAS DEPARTMENT OF LABOR  
BOILER INSPECTION DIVISION  
10421 West Markham  
Little Rock, Arkansas 72205

APPLICATION FOR BOILER OPERATOR'S LICENSE "TYPE" (Check One) **HIGH PRESSURE**      **LOW PRESSURE**

ARKANSAS CODE ANNOTATED 20-23-404. OPERATORS.

(a) The Boiler Inspection Division shall conduct examinations for each applicant seeking a boiler operator's license. Before an applicant may participate in an examination, he/she must have not less than six (6) months on-the-job training. Proof of this must be furnished to the Boiler Inspection Division by his/her employer prior to the examination.

(b) Any operator found operating a boiler without a certificate issued by the Boiler Inspection Division or operating a boiler knowing it to be defective shall have his/her license revoked at once. Any person found operating a boiler without an operator's license shall be subject to an administrative fine of not less than twenty-five dollars (\$25.00) and not more than one hundred dollars (\$100.00).

**PLEASE COMPLETE ALL FIELDS**

NAME OF APPLICANT \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
FIRST, MIDDLE INITIAL, LAST

ADDRESS \_\_\_\_\_  
STREET or PO BOX \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_

**BOILER OPERATING EXPERIENCE**

LOCATION	TYPE & SIZE	FROM	TO

The training of any Boiler Operator remains the sole responsibility of the employer. Issuance of a license only indicates that the applicant has passed a general written examination, pertaining to the operation of boilers. Act 1163 of 1997 requires the Boiler Inspection Division to transfer name, address, and social security number information on applicants to the Office of Child Support Enforcement. Social security numbers shall otherwise be maintained in a confidential manner as required by Act 1163 of 1997.

**DO NOT WRITE IN THIS SPACE**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**EMPLOYER CERTIFICATION**

Type Exam \_\_\_\_\_  
Examined at \_\_\_\_\_  
Date \_\_\_\_\_ Grade \_\_\_\_\_  
Type of License to be issued: HIGH    LOW    RESTRICTED  
LICENSE NUMBER \_\_\_\_\_ ISSUE # \_\_\_\_\_

I hereby affirm that the applicant herein has had the necessary training required to participate in the examination.

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
SIGNATURE OF EXAMINER

\_\_\_\_\_  
Employer Signature and Title

\_\_\_\_\_  
Telephone

Print a copy of this completed form, sign, have employer sign, then bring signed copy with you to exam. Click submit to send to agency.  
**\*\*APPLICATION IS NOT COMPLETED UNTIL YOU HAVE CLICKED SUBMIT\*\***