## Arkansas Department of Labor and Licensing OSHA CONSULTATION REQUEST FORM Fax to (501) 682-4532

LEGAL NAME OF COMPANY		
NAME OF CONTACT PERSON:		
CONTACT PERSON TITLE	PHONE:	<u>E</u> XT#:
STREET ADDRESS OF COMPANY:		
MAILING ADDRESS:		
CITY, STATE ZIP:		
TYPE OF BUSINESS:		
NAICS CODE:		
NUMBER OF EMPLOYEES AT THIS LO	CATION:	
NUMBER OF EMPLOYEES IN CORPOR	ATION (In United States ):_	
OTHER RELEVANT INFORMATION:		