



**CHANGE OF CONTACT INFORMATION
APPLICATION FOR ARKANSAS HVAC/R
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
HVAC DIVISION
900 West Capitol Ave, STE 400
Little Rock, Arkansas 72201**

NAME _____

DOB _____

SSN _____

LICENSE NUMBER _____

TYPE LICENSE, CIRCLE ONE.

CLASS A

CLASS B

CLASS C
(SERVICE)

CLASS D
(SHEETMETAL)

CLASS E
(REFRIGERATION)

BELOW FILL OUT **ONLY** THE INFORMATION CHANGES AND SIGN AND DATE

PHONE NUMBERS _____

NEW FIRM NAME _____

NEW FIRM'S DESIGNATED LICENSE HOLDER _____

(THE PERSON RESPONSIBLE FOR REGISTRANTS AND HVACR WORK PERFORMED BY THE COMPANY)

NEW FIRM PHONE NUMBER _____

NEW FIRM EMAIL _____

NEW MAILING ADDRESS _____

STREET OR PO BOX NUMBER

CITY, STATE, ZIP

COUNTY

APPLICANT SIGNATURE _____

DATE OF SIGNATURE _____