



**LICENSURE APPLICATION FOR ARKANSAS HVAC/R,  
SHEETMETAL AND REFRIGERATION CONTRACTOR  
ARKANSAS DEPARTMENT OF LABOR AND LICENSING  
HVAC DIVISION  
900 West Capitol Ave, STE 400  
Little Rock, Arkansas 72201**

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
(NOTE: APPLICANTS MUST BE AT LEAST 18 YEARS OLD TO QUALIFY)

SSN \_\_\_\_\_

FIRM NAME \_\_\_\_\_

FIRM'S DESIGNATED LICENSE HOLDER \_\_\_\_\_  
(THE PERSON RESPONSIBLE FOR REGISTRANTS AND HVACR WORK PERFORMED BY THE COMPANY)

FIRM'S MAILING ADDRESS \_\_\_\_\_  
STREET OR PO BOX NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET OR PO BOX NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**WORK HISTORY: HVAC/R EXPERIENCE, SHOW DATES OF EMPLOYMENT, AND NAMES OF EMPLOYERS. MINIMUM OF 2 YEARS REQUIRED.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE LICENSE REQUESTED, CIRCLE ONE.**

**CLASS A      CLASS B      CLASS C      CLASS D      CLASS E**  
(SERVICE)      (SHEETMETAL)      (REFRIGERATION)

**I HEREBY AFFIRM THAT I HAVE AT LEAST TWO (2) YEARS OF EXPERIENCE AS AN HVAC CONTRACTOR OR HAVE WORKED IN THE HVAC BUSINESS FOR AT LEAST TWO (2) YEARS AND THAT ALL OF THE FACTS, STATEMENTS, AND ANSWERS CONTAINED HEREIN ARE TRUE.**

**APPLICANT SIGNATURE** \_\_\_\_\_

**THE APPLICANT SIGNING THIS APPLICATION, BEING DULY SWORN, DECLARES THAT THE FOREGOING STATEMENTS SUBSCRIBED TO BY HIM ARE TRUE AND TO THE BEST OF MY KNOWLEDGE PERSONALLY SIGNED THIS APPLICATION.**

**SUBSCRIBED AND SWORN TO BEFORE ME**

**THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_**

**SIGNATURE OF NOTARY** \_\_\_\_\_

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_ (SEAL)