



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

**NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_

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

**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** \_\_\_\_\_

**TYPE LICENSE HELD, CIRCLE ONE.**

**CLASS A**    **CLASS B**    **CLASS C**    **CLASS D**    **CLASS E**    **LICENSE NUMBER** \_\_\_\_\_  
 (SERVICE)    (SHEETMETAL)    (REFRIGERATION)

**REASON FOR DEFERMENT REQUEST:**

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

**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)**