



\$25.00 PER

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

EMPLOYEE NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET OR PO BOX NUMBER

CITY, STATE, ZIP

COUNTY

HOME PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

WORK HISTORY: HVAC/R EXPERIENCE, SHOW DATES OF EMPLOYMENT, AND NAMES OF EMPLOYERS.

Blank lines for work history entry

COMPANY NAME \_\_\_\_\_

NAME OF DESIGNATED LICENSE HOLDER \_\_\_\_\_

DESIGNEE LICENSE NUMBER \_\_\_\_\_

COMPANY MAILING ADDRESS \_\_\_\_\_

STREET OR PO BOX NUMBER

CITY, STATE, ZIP

COUNTY

COMPANY PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

BY SIGNING THIS APPLICATION I AM ACKNOWLEDGING IT IS MY RESPONSIBILITY TO KEEP THE HVAC/R SECTION OF THE ARKANSAS DEPARTMENT OF HEALTH ADVISED OF MY CURRENT ADDRESS, PHONE NUMBER, AND EMPLOYER.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BY SIGNING THIS APPLICATION I AM ACKNOWLEDGING IT IS MY RESPONSIBILITY TO KEEP THE HVAC/R SECTION OF THE ARKANSAS DEPARTMENT OF HEALTH ADVISED OF MY CURRENT ADDRESS, PHONE NUMBER, AND TO MAINTAIN REGISTRATION OF EMPLOYEES YEARLY.

DESIGNATED LICENSE HOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_