



**REINSTATEMENT 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 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 _____

TYPE LICENSE HELD, CIRCLE ONE.
CLASS A **CLASS B** **CLASS C** **CLASS D** **CLASS E** **LICENSE NUMBER** _____
 (SERVICE) (SHEETMETAL) (REFRIGERATION)

REASON FOR DELINQUENCY:

**I HEREBY AFFIRM 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)**