



**ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 BOILER INSPECTION SECTION
 900 WEST CAPITOL SUITE 400
 LITTLE ROCK, ARKANSAS
 501-682-4500 WWW.LABOR.ARKANSAS.GOV**

APPLICATION FOR BOILER OPERATOR'S LICENSE "TYPE" (Circle One) HIGH PRESSURE LOW PRESSURE

ARKANSAS CODE ANNOTATED 20-23-404. OPERATORS.

(a) The Boiler Inspection Division shall conduct examinations for each applicant seeking a boiler operator's license. Before an applicant may participate in an examination, he/she must have not less than six (6) months on-the-job training. Proof of this must be furnished to the Boiler Inspection Division by his/her employer prior to the examination.

(b) Any operator found operating a boiler without a certificate issued by the Boiler Inspection Division or operating a boiler knowing it to be defective shall have his/her license revoked at once. Any person found operating a boiler without an operator's license shall be subject to an administrative fine of not less than twenty-five dollars (\$25.00) and not more than one hundred dollars (\$100.00).

PLEASE PRINT OR TYPE

NAME OF APPLICANT _____ Soc. Sec. No. _____

FIRST, MIDDLE INITIAL, LAST

ADDRESS _____

STREET or PO BOX

CITY, STATE, ZIP CODE

BOILER OPERATING EXPERIENCE

LOCATION	TYPE & SIZE	FROM	TO

ACT 820 (Check all that apply)

Are you or your spouse a current member of the U.S. Armed Forces? Yes No Are you or your spouse a veteran of the U.S. Military?
 A.C.A § 17-3-102

Have you been convicted of a felony? Yes No If yes, provide the court, date of conviction, and type of felony.

The training of any Boiler Operator remains the sole responsibility of the employer. Issuance of a license only indicates that the applicant has passed a general written examination, pertaining to the operation of boilers. Act 1163 of 1997 requires the Boiler Inspection Division to transfer name, address, and social security number information on applicants to the Office of Child Support Enforcement. Social security numbers shall otherwise be maintained in a confidential manner as required by Act 1163 of 1997.

DO NOT WRITE IN THIS SPACE

 SIGNATURE OF APPLICANT

 Type Exam

 Examined at

 Date

 Grade

EMPLOYER CERTIFICATION

I hereby affirm that the applicant herein has had the necessary training required to participate in the examination.

 Name of Employer

 Address

 City, State, Zip

 Employer Signature and Title

 Telephone

Type of License to be issued: **HIGH LOW RESTRICTED**

LICENSE NUMBER _____ ISSUE # _____

 SIGNATURE OF EXAMINER