



LICENSURE APPLICATION FOR ARKANSAS HVAC/R, SHEETMETAL AND REFRIGERATION CONTRACTOR
 ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 HVAC/R Section
 900 West Capitol Ave, STE 400
 Little Rock, Arkansas 72201
 501-682-4500 www.labor.arkansas.gov

NAME _____ DOB _____

(NOTE: APPLICANTS MUST BE AT LEAST 18 YEARS OLD TO QUALIFY)

SSN _____ ARKANSAS REGISTRANT # _____

FIRM NAME _____

FIRM'S DESIGNATED LICENSE HOLDER _____

(THE PERSON RESPONSIBLE FOR REGISTRANTS AND HVACR WORK PERFORMED BY THE COMPANY AND LICENSE #)

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.

Check all that apply:

Are you or your spouse a current or veteran of the U.S. Armed Forces? If a veteran, attach a copy of your DD214

Act 990:

Have you been convicted of a felony? YES NO If yes, list the conviction, date, and name of the court:

TYPE LICENSE REQUESTED, CIRCLE ONE.

CLASS A

CLASS B

CLASS C
(SERVICE)

CLASS D
(SHEETMETAL)

CLASS E
(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)