



**REGISTRANT APPLICATION
 ARKANSAS HVAC/R SECTION
 ARKANSAS DEPARTMENT OF LABOR AND LICENSING HVAC DIVISION
 900 West Capitol Ave, STE 400
 Little Rock, Arkansas 72201
 501-682-4500 WWW.LABOR.ARKANSAS.GOV**

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

COMPANY NAME _____

NAME OF DESIGNATED LICENSE HOLDER _____ LICENSE # _____

COMPANY MAILING ADDRESS _____

STREET OR PO BOX NUMBER _____

CITY, STATE, ZIP _____

COUNTY _____

COMPANY PHONE NUMBER _____ EMAIL _____

ACT 990: HAS THIS APPLICANT BEEN CONVICTED OF A FELONY? If yes, Provide type of conviction, date and court information.

CHECK ALL THAT APPLY:

ARE YOU OR YOUR SPOUSE A CURRENT OR FORMER MEMBER OF THE U.S. ARMED SERVICES? YES NO IF A VETERAN
 ATTACH COPY OF YOUR DD214

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 _____

PLEASE ATTACH A CHECK FOR \$25.00 PER REGISTRANT MADE PAYABLE TO THE HVAC/R SECTION