



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

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

HOME ADDRESS: \_\_\_\_\_  
 STREET OR PO BOX NUMBER \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 COUNTY \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ 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 LABOR AND LICENSING ADVISED OF MY CURRENT ADDRESS, PHONE NUMBER, AND EMPLOYER.

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

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

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