CHANGE OF CONTACT INFORMATION
APPLICATION FOR ARKANSAS HVAC/R
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
HVAC DIVISION
900 West Capitol Ave, STE 400
Little Rock, Arkansas 72201

NAME _______________________________________

DOB _______________________________________

SSN _______________________________________

LICENSE NUMBER __________________________

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

BELOW FILL OUT ONLY THE INFORMATION CHANGES AND SIGN AND DATE

PHONE NUMBERS________________________________________________________________________________

NEW FIRM NAME________________________________________________________________________________

NEW FIRM’S DESIGNATED LICENSE HOLDER _____________________________________________________
(THE PERSON RESPONSIBLE FOR REGISTRANTS AND HVACR WORK PERFORMED BY THE COMPANY)

NEW FIRM PHONE NUMBER______________________________________________________________________

NEW FIRM EMAIL ______________________________________________________________________________

NEW MAILING ADDRESS _________________________________________________________________________
STREET OR PO BOX NUMBER
CITY, STATE, ZIP
COUNTY

APPLICANT SIGNATURE _______________________________________

DATE OF SIGNATURE _______________________________________

06/22/2020