HVAC/R SECTION

ARKANSAS DEPARTMENT OF LABOR AND LICENSING
900 W Capitol, Suite 400, Little Rock, Arkansas 72201
Phone 501-682-4500 TRS 800-285-1131
www.labor.arkansas.gov

HVACR REGISTRANT APPLICATION

PAYMENT OF $25.00 MUST BE SUBMITTED WITH APPLICATION

All Information is required for Application Processing. Incomplete Applications will be returned

License Information			
☐ **Registrant $25.00**			
Applicant Information			
Last Name:	**First:**	**Middle Initial:**	
Street Address:	**City:**	**State:**	**Zip:**
Mailing Address:	**City:**	**State:**	**Zip:**
Phone:	**Email Address:**		
SSN:	**DOB:** (mm/dd/year)		

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?

Act 990: Have you been convicted of a felony? ☐ Yes ☐ No If yes, provide date of conviction name of court and the type of conviction below. *(Do Not Provide Court Documents or Sentencing Agreements.)*

Conviction Statute:_____
Date of Conviction:_____
Name of Court:_____
Probation Completion Date:_____

Act 725: any applicant can request an initial license fee waiver if: ***(Check All Applicable Boxes.)***

☐ **Receives Assistance through the Arkansas Medicaid Program** ***(Provide copy of current enrollment.)***

☐ **Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children:** ***(Provide proof of current enrollment.)***

☐ **Temporary Assistance for Needy Families Program or the Lifeline Assistance Program.** ***(Provide proof of enrollment.)***

☐ **Approved for unemployment compensation in the last twelve (12) months** ***(Provide proof of benefits from the Department of Workforce Services.)***

☐ **Has an income that does not exceed two hundred percent (200%) of the federal poverty limit.** ***(Submit tax return for previous year.)***

Applicant/Employer Certification:

☐ **My signature of this application acknowledges it is my responsibility to keep the HVAC/R Section of the Arkansas Department of Labor and Licensing advised of my current address, phone and employer.**

Employer Name:			
Designated License Holder Name:			
License#			
Street Address:	**City:**	**State:**	**Zip:**
Mailing Address:	**City:**	**State:**	**Zip:**
Phone:	**Email Address:**		
Employer Signature:		**Date**	
Employer Printed Name & Title:			
Applicant Signature:		**Date:**	