



**LIFETIME APPLICATION FOR
 ARKANSAS HVAC/R LICENSURE
 ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 HVAC DIVISION
 900 West Capitol Ave, STE 400
 Little Rock, Arkansas 72201**

NAME _____ **DOB** _____

(NOTE: APPLICANTS MUST BE AT LEAST 65 YEARS OLD TO QUALIFY)

SSN _____

FIRM NAME _____

MAILING ADDRESS _____

STREET OR PO BOX NUMBER _____

CITY, STATE, ZIP _____

COUNTY _____

PHONE NUMBERS _____

EMAIL ADDRESS _____

TYPE LICENSE HELD, CIRCLE ONE.

CLASS A CLASS B CLASS C CLASS D CLASS E
 (SERVICE) (SHEETMETAL) (REFRIGERATION)

LICENSE NUMBER _____

I UNDERSTAND BY OBTAINING A LIFE TIME HVAC/R LICENSE—I CAN ONLY DO SERVICE WORK AND CAN NO LONGER INSTALL NEW EQUIPMENT PER THE RULES AND REGULATIONS PERTAINING TO THE LICENSING OF HEATING, VENTILATION, AIR CONDITIONING AND REFRIGERATION CONTRACTORS.

SECTION IV. CLASSIFICATION OF LICENSES, SUB HEADING 6.

(6) Class L – Entitles the license holder to a “Lifetime” license to perform HVACR service and maintenance work on air conditioning systems that develop a total of not more than 15 tons cooling capacity per unit or 1 million BTUH heating input per unit and refrigeration systems of 15 H.P. or less per unit only. A Lifetime license holder shall not install any original equipment or replace any existing HVACR equipment.

AND I HEREBY AFFIRM 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)**