



**MUNICIPAL INSPECTOR CERTIFICATION / RE-CERTIFICATION
 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 _____

CITY EMPLOYED BY _____

JOB TITLE _____

CITY ADDRESS _____

STREET OR PO BOX NUMBER

CITY, STATE, ZIP

COUNTY

PHONE NUMBERS _____

EMAIL ADDRESS _____

ARE YOU ICC CERTIFIED? **YES** **NO** **IN WHAT CATEGORY?** _____

CITY ADOPTED AR. MECH. CODE BY ORDINANCE # _____

OR PROCESS OF _____

LIST ANY AMENDMENTS TO ORIGINAL ORDINANCE SINCE LAST CERTIFICATION _____

RECERTIFYING INSPECTOR? **YES** **NO** **LICENSE #** _____ **EXPIRATION DATE** _____

PREFERENCE FOR TRAINING LOCATION / DATE _____

I HEREBY AFFIRM THAT THE ABOVE IS TRUE AND I AM AUTHORIZED BY MY CITY TO APPLY.

APPLICANT SIGNATURE _____ **DATE** _____

APPROVING OFFICAL SIGNATURE _____ **DATE** _____