



**BOILER 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](http://www.labor.arkansas.gov)

**APPLICATION FOR BOILER OPERATORS LICENSE**  
**PAYMENT OF \$25.00 MUST BE SUBMITTED WITH APPLICATION**

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

License Information			
<input type="checkbox"/> License Type: <input type="checkbox"/> High Pressure <input type="checkbox"/> Low Pressure (Only Check One Box)			
Applicant Information			
Last Name:		First Name:	Middle:
Street Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Phone:		Email Address:	
SSN:			
Boiler Operating Experience			
Before an applicant may participate in an examination, he/she must have not less than six (6) months on-the-job training. Proof of this must be furnished to the Boiler Section by his/her employer prior to the examination.			
Location:	Type Size:	From:	To:
Location:	Type Size:	From:	To:
ACT 820 (Check all that apply) Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a current member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a veteran of the U.S. Military?			
Act 990: Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of conviction name of court and the type of conviction. (Do Not provide Court Documents or Sentencing Agreements)			
Act 725: any applicant can request an initial license fee waiver if: (Check All Applicable Boxes) <input type="checkbox"/> Receives Assistance through the Arkansas Medicaid Program (Provide copy of current enrollment) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: (Provide proof of current enrollment) <input type="checkbox"/> Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. (Provide proof of enrollment) <input type="checkbox"/> Approved for unemployment in the last twelve (12) months (Provide proof of benefits from the Department of Workforce Services) <input type="checkbox"/> Has an income that does not exceed two hundred percent (200%) of the federal poverty limit. (Submit tax return for previous year)			
The training of any Boiler Operator remains the sole responsibility of the employer. Issuance of a license only indicates that the applicant has passed a general written examination, pertaining to the operation of boilers. Act 1163 of 1997 requires the Boiler Inspection Division to transfer name, address, and social security number information on applicants to the Office of Child Support Enforcement. Social security numbers shall otherwise be maintained in a confidential manner as required by Act 1163 of 1997.			
Employer Certification: <input type="checkbox"/> I hereby affirm that the applicant herein has had the necessary training required to participate in the examination.			
Employer Name:			
Street Address:		City:	State: Zip:
Phone:		Email Address:	
Employer Signature:		Date	
Employer Printed Name & Title			
Applicant Signature:		Date:	
Internal Use Only:			
License type <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/> RESTRICTED			
Exam Type:	Location of Examination:	Date of Exam:	Test Score:
License #	Issue #	Examiner Signature:	
Paid by: <input type="checkbox"/> Check-Check #:		<input type="checkbox"/> Credit Card	