

# HVAC/R Contractor Application

## How to apply for a Class (A, B, D or E) holder license (when your profile did not migrate into ELP)

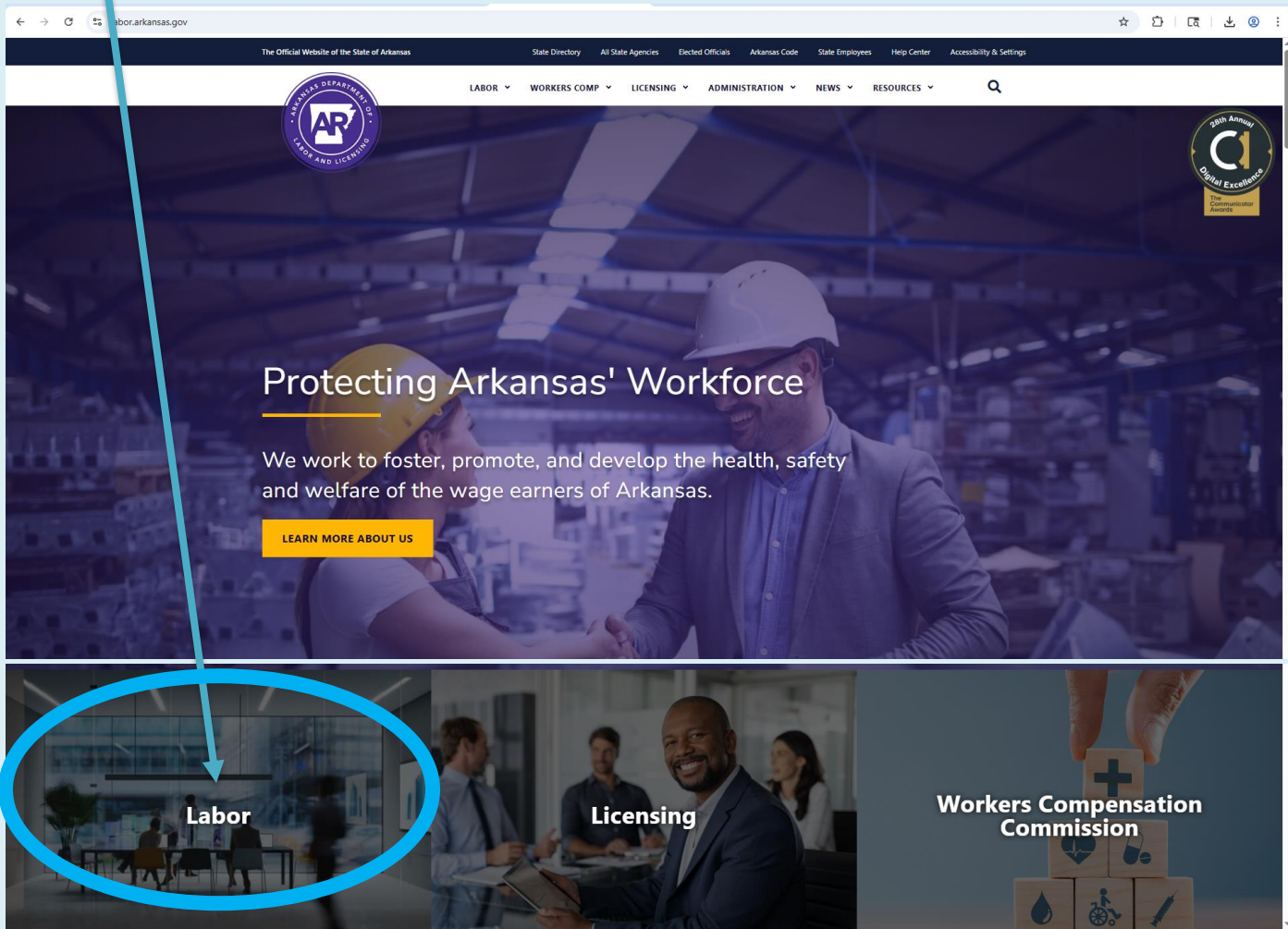
\*If you have held an HVAC/R license prior to April 1, 2025, and have not received an email with your username please check with our office first to verify if you have an existing profile. Every class holder has a license profile and a business profile. We can provide you with a username for the profiles you have in ELP.

### FAQs:

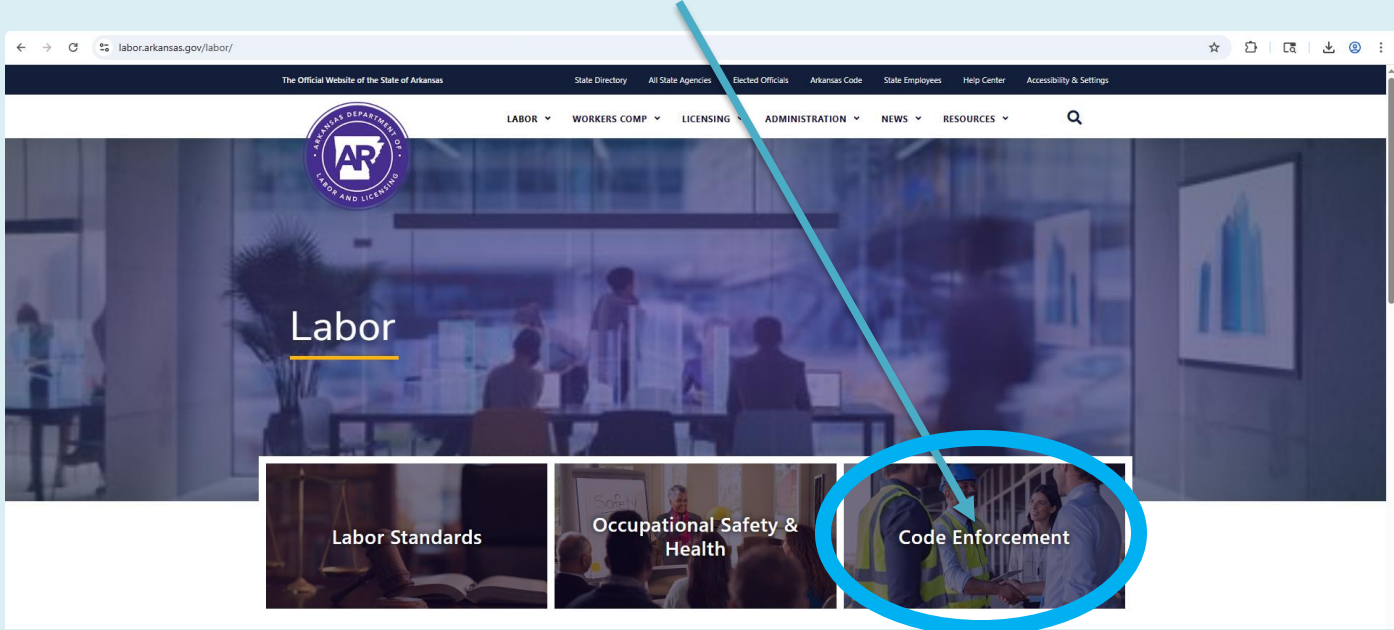
- USERNAMES CAN NEVER BE CHANGED WE DO NOT RECOMMEND USING AN EMAIL ADDRESS.
- YOU MAY HAVE THE SAME PASSWORD FOR MULTIPLE PROFILES.
- IF YOU HAVE AN ELECTRICAL PROFILE, IT WILL NOT INCLUDE YOUR HVAC/R PROFILE.
- YOU MUST HAVE YOUR INSURANCE (General Liability) AND CEUS (8 HOURS PER CODE CYCLE) AT THE TIME OF APPLICATION – YOU WILL BE UNABLE TO COMPLETE THE APPLICATION WITHOUT THESE REQUIRED DOCUMENTS
- LICENSE NUMBERS WILL NOT CHANGE FOR EXISTING LICENSEES, UPON REVIEW STAFF WILL UPDATE AND ADD YOUR EXISTING LICENSE NUMBER AND UPDATE ORIGINAL ISSUE DATE AS WELL EXPIRATION.

Visit [Labor.arkansas.gov](https://labor.arkansas.gov)

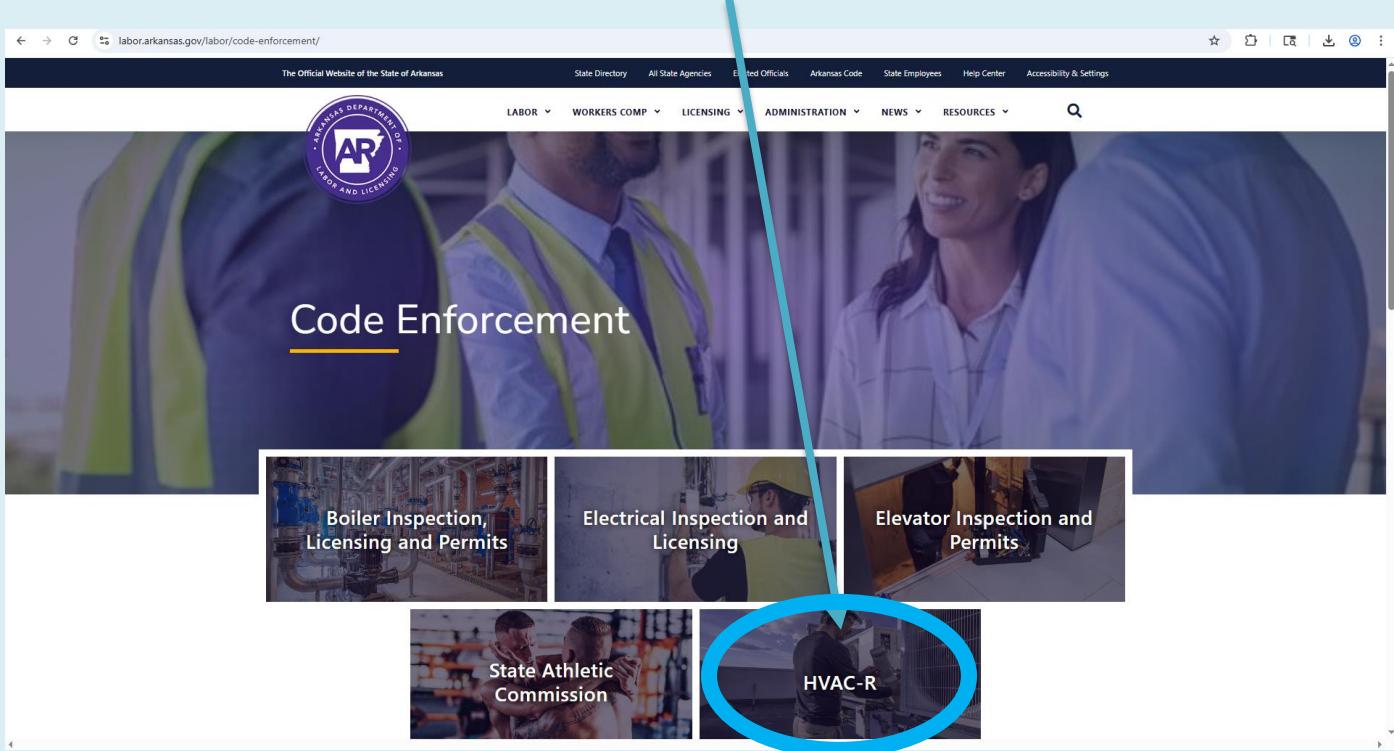
Step 1: Scroll down a bit to see the labor box click on the box



**Step 2: The next series of boxes will appear click on the code enforcement box**



**Step 3: The next series of boxes will appear click on the HVAC/R box**



## Step 4: From the HVAC/R Page scroll down to Applications

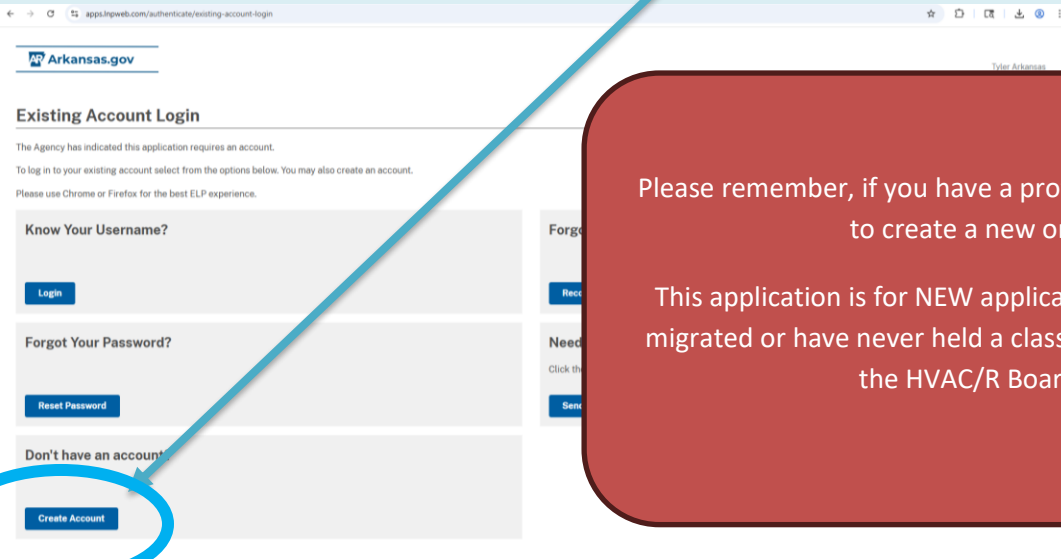
The screenshot shows the HVAC-R page on the Arkansas Department of Labor and Licensing website. The page features a navigation menu at the top with options like LABOR, WORKERS COMP, LICENSING, ADMINISTRATION, NEWS, and RESOURCES. Below the navigation is a large banner image with the text "HVAC-R". Underneath the banner is a breadcrumb trail: Home > Labor > Code Enforcement > HVAC-R. A horizontal row of four images follows, with labels: "Boiler Inspection, Licensing and Permits", "Electrical Inspection and Licensing", "Elevator Inspection and Permits", and "State Athletic Commission". Below this row is a yellow horizontal line. Under the line, there are two sections: "Organizations" with links for "HVACR Organization Registration" and "HVAC Organization Information Update"; and "Class Holders" with links for "HVAC/R Contractor Application", "HVACR Contractor Information Update", "Reinstatement Application", and "HVAC License Class Transfer Request". A purple arrow points from the top navigation menu down to the "HVAC/R Contractor Application" link.

## Step 5: Select HVAC/R Contractor Application

This screenshot is identical to the one above, showing the HVAC-R page. A blue arrow points from the "HVAC/R Contractor Application" link in the "Class Holders" section to a red callout box at the bottom of the page.

- If you are a new applicant for a contractor license you must complete the HVACR Organization Registration prior to proceeding with this application!

**Step 6: You will see the existing account log in page, select create account**



Please remember, if you have a profile, you do not need to create a new one.

This application is for NEW applicants who did not get migrated or have never held a class holder license with the HVAC/R Board.

**Step 7: Be sure you have selected personal profile**

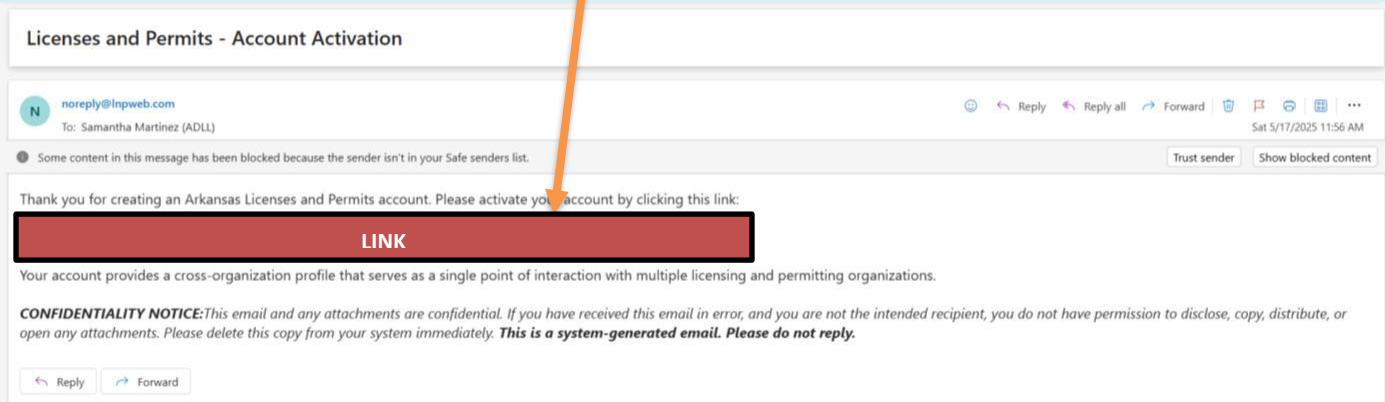
Fill in all required fields

Not RECOMMENDED USERNAMES CAN NOT CHANGE

Create a username suggested format: First name underscore Last name underscore and a random number of your choice.

EX: Joseph\_Smith\_8675309

## Step 8: Go to your email and see the account activation email



## Step 9: Set up a password, click create account

### Account Password

Please enter password and confirm password

**Password Requirements**

- Password must have a minimum of 14 and a maximum of 20 characters
- Password must not equal username
- Password must include a minimum of 1 number
- Password must include a minimum of 1 special character
- Password must include a minimum of 1 uppercase letter
- Password must include a minimum of 1 lowercase letter

Password *Required*

Confirm Password *Required*

**Create Account**

Passwords are case and space sensitive.

**Step 10: Answer a few quick pre- questions so the application will have pre-filled information. Click continue to get to the application.**

## Create Profile

Please complete the following to generate your profile. After you are finished, you will be taken back to your application.

Required - indicates a required field  
Personal Information

Prefix

Please Select

First Name *Required*

Middle Name

Last Name *Required*

Suffix

Please Select

Address Information

Address 1 *Required*

Address 2

City *Required*

State *Required*

Please Select

ZIP Code *Required*

Contact Information

Phone *Required*

Alternate Phone

Email Address

Continue

**ALL REQUIRED  
FIELDS MUST  
BE FILLED IN.**



Profile Saved

Your profile has been saved successfully! You will be redirected momentarily.


Create Profile

**THIS BOX WILL APPEAR AT THE TOP OF THE PAGE WHEN YOU CLICK CONTINUE GIVE IT A MOMENT TO DISAPPEAR. ONCE IT DOES THE APPLICATION WILL OPEN!**

# THE APPLICATION FOR A NEW LICENSE

**\*AGAIN THIS IS FOR INDIVIDUALS WHO HAVE A LICENSE WHOSE ACCOUNT WAS NOT MIGRATED INTO ELP PRIOR TO APRIL 1, 2025.\***

apps.inpweb.com/constituent/application



ADLL - Heating, Ventilation, Air Conditioning and Refrigeration Licensing Board

ADLL - Heating, Ventilation, Air Conditioning and Refrigeration Licensing Board

- Information Collection
- Questions & Fees
- Document Upload
- Affiliations
- Information Summary
- Electronic Signature
- Payment
- Confirmation

1 of 8 Information Collection

### HVACR Contractor License Application

For more information visit: <https://www.labor.arkansas.gov/labor/code-enforcement/hvac-r/>

HVACR Contractor License Application

**ALL REQUIRED FIELDS  
MUST BE FILLED IN TO  
PROCEED.**

#### Instructions

Fill out the application with correct and complete information.

#### Personal Information

First Name *Required*

Middle Name

Last Name *Required*

Suffix  
Please Select

#### Contact Information

Phone Number *Required*

Alternate Phone Number

Email Address *Required*

Re-Enter Email Address *Required*

#### Mailing Address

Country *Required*  
United States

Address Line 1 *Required*

Address Line 2

City *Required*

State *Required*  
Arkansas

Zip Code *Required*

County *Required*  
Pulaski

Physical Address

Same as Mailing Address

IF YOU CLICK SAME AS MAILING ALL INFORMATION WILL POPULATE FOR YOU.

Country  
United States

Address Line 1

Address Line 2

City

State  
Arkansas

Zip Code

County

Identification Information

Date of Birth *Required*  
mm/dd/yyyy

CLICK SAVE AND CONTINUE AFTER YOU ENTER YOUR DOB AND SSN.

Social Security Number *Required*

Cancel

Save and Exit

Save and Continue

ADLL - Heating, Ventilation, Air Conditioning and Refrigeration Licensing Board  
(501) 682-9201  
adll.hvac@arkansas.gov

Part 2 OF THE APPLICATION



ADLL - Heating, Ventilation, Air Conditioning and Refrigeration Licensing Board

ADLL - Heating, Ventilation, Air Conditioning and Refrigeration Licensing Board

- 1 Information Collection
- 2 Questions & Fees
- 3 Document Upload
- 4 Affiliations
- 5 Information Summary
- 6 Electronic Signature
- 7 Payment
- 8 Confirmation

2 of 8 Questions & Fees

HVACR Contractor License Application

HVACR Contractor License Application

Instructions

It will ask what type of license you have and name of your business.

Select your license type from the drop-down

Questions

License Information and Fees

Class A (Unlimited) - \$200  
Class B (Limited to 15 Tons) - \$150

Class D (Ductwork Only) - \$150  
Class E (Refrigeration Only) - \$150

Class of License Applied For *Required*

Class A - Entitles the licensee to perform HVACR work without limitation to BTUH or horsepower capacities

Company Name *Required*

488 of 500 remaining

**You must select yes as current class holder to have the option to upload documents.**

Do you currently hold an HVACR license from a State other than Arkansas? *Required*

Yes  
 No

State Licensed *Required*

Please Select

Non-Arkansas HVACR License # *Required*

20 of 20 remaining

**This is for your CEUS earned in the last 12 months you must have 8 hours per code cycle.**

File size and type limitations per attachment: 50 MB for txt, csv, png, jpg, jpeg, pdf, doc, xls, docx, xlsx

Copy of current non-Arkansas HVACR License

Legal Document *Required*

Document Notes ⓘ

100 of 100 remaining

**Upload**

**Next is for your insurance documents you must have valid general liability.**

File size and type limitations per attachment: 50 MB for txt, csv, png, jpg, jpeg, pdf, doc, xls, docx, xlsx

Insurance

Insurance Document *Required*

Document Notes ⓘ

100 of 100 remaining

**Upload**

ACT 820: Are you or your spouse a current member or veteran of the U.S. Military? *Required*

Yes  
 No

Act 990: Have you been convicted of a felony? (If yes, provide date of conviction, name of court, etc.)

Yes  
 No

Act 725: Any applicant can request an initial license fee waiver if applicant:

Receives assistance through the Arkansas Medicaid Program? *Required*

Yes  
 No

Is enrolled in the Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

Yes  
 No

Is enrolled in the Temporary Assistance for Needy Families Program or the Lifeline Assistance Program?

Yes  
 No

Has been approved for unemployment compensation in the last twelve (12) months? *Required*

Yes  
 No

Has an income that does not exceed two hundred percent (200%) of the federal poverty limit? *Required*

Yes  
 No

**Any area that you select YES to requires documentation.**

### Work Experience Affidavit

Complete all fields below. Click "Save & Add More" for each employer for which experience is being claimed. Click "Save & Finish" when done. *Required*

**Icon Key**

**Options and Control Types**

Edit Delete

Responsible License Holder Name/License #	Company Name	Company Email and Phone #	Company Address (Street, City, State, ZIP)	Dates of Employment (MM/YYYY-MM/YYYY or MM/YYYY to Present if still employed)	Applicant Job Duties
No Entries					

Responsible License Holder Name/License # *Required*

Company Name *Required*

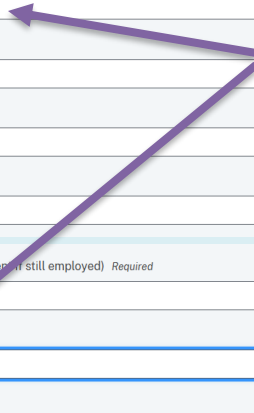
Company Email and Phone # *Required*

Company Address (Street, City, State, ZIP) *Required*

Dates of Employment (MM/YYYY-MM/YYYY or MM/YYYY to Present if still employed) *Required*

Applicant Job Duties *Required*

**FILL IN ALL REQUIRED FIELDS AND CLICK SAVE & FINISH**



### Work Experience Affidavit

Complete all fields below. Click "Save & Add More" for each employer for which experience is being claimed. Click "Save & Finish" when done. *Required*

**Icon Key**

**Options and Control Types**

Edit Delete

Edit	Responsible License Holder Name/License #	Company Name	Company Email and Phone #	Company Address (Street, City, State, ZIP)	Dates of Employment (MM/YYYY-MM/YYYY or MM/YYYY to Present if still employed)	Applicant Job Duties
	<input type="text"/>					

**THIS WILL BE THE SCREEN AFTER YOU CLICK SAVE & FINISH**

### Summary

Form Number

I-HVACR

Application Fee

Application Fee Name *Required*

Application Fee

Application Fee  
\$0.00  
Application Fee Total  
\$0.00

License/Permit Fee

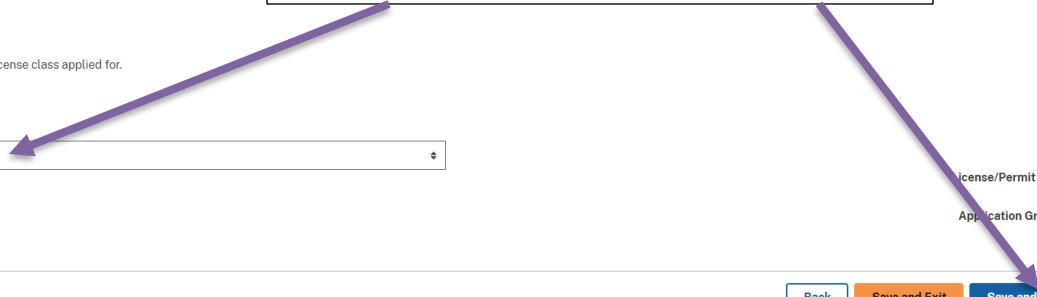
Choose the appropriate fee for the license class applied for.

License/Permit Fee Name *Required*

Class A (Unlimited) - \$200.00

License/Permit Fee Total  
\$200.00  
Application Grand Total  
\$200.00

**SELECT FROM DROP-DOWN THE COST OF THE LICENSE. CLICK SAVE AND CONTINUE.**



## PART 3 WILL NOT OPEN. PART 4: IS AFFILIATION – This is your business. Click add affiliation

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1 Information Collection 2 Questions & Fees 3 Document Upload 4 Affiliations 5 Information Summary 6 Electronic Signature 7 Payment 8 Confirmation

4 of 8 Affiliations

HVACR Contractor License Application

For more information visit:  
<https://www.labor.arkansas.gov/labor/code-enforcement/hvac-r/>

HVACR Contractor License Application

Instructions +

Icon Key -

Options and Control Types

Delete Affiliation

**Affiliation Search and Selection - Organization - Required**

Instructions

Please use the button below to add your affiliation(s). Once you have added all of your affiliations below, click Save and Continue.

License Number	Constituent Name	Physical Address	Controls
No Affiliations			

Add Affiliation

Cancel Back Save and Exit Save and Continue

This box will open, and you can search by name, number or address. *If you are unable to locate your affiliation, please contact the main department.*

**Add Affiliation - Organization - Required**

Instructions

Please use the below search field to find the license or account to whom you wish to affiliate.

Category

Please Select

Please Select

Constituent Name

License Number


Physical Address

Add Selected Cancel

After you locate your business, you will add the selected item and click save & continue.

# PART 5: SUMMARY REVIEW – THIS GIVES YOU A CHANCE TO DOUBLE CHECK EVERYTHING.

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HVACR Contractor License Application

For more information visit:  
<https://www.labor.arkansas.gov/labor/code-enforcement/hvac-r/>

HVACR Contractor License Application

Instructions +

### Information Summary

Here you can review the information entered in the application. Select Edit to make updates or changes to the information entered. If everything looks good, select the action button below to continue with the submission of your application.

#### Application Information

Agency: ADLL - Heating, Ventilation, Air Conditioning and Refrigeration Licensing Board  
Form Number: I-HVACR  
License Type: HVACR Contractor  
Application Type: Original (One)  
Application Title: HVACR Contractor License Application

#### Personal Information

First Name:  
Middle Name:  
Last Name:

#### Contact Information

Phone Number:  
Email Address:

#### Mailing Address

Country: United States  
Address Line 1:  
City: S  
State:  
Zip Code:  
County:

#### Physical Address

Country: United States  
Address Line 1:  
City:  
State:  
Zip Code:  
County: P:

#### Identification Information

Date of Birth:  
Social Security Number:

Edit

#### Questions & Fees

Class of License Applied For: Class A - Entitles the licensee to perform HVACR work without limitation to BTUH or horsepower capacities  
Company Name: .....  
Are you currently an HVACR Registrant in Arkansas?: No

**Cont: SUMMARY REVIEW. At the end of the review click confirm**

Complete all fields below. Click "Save & Add More" for each employer for which experience is being claimed. Click "Save & Finish" when done.:

Responsible License Holder Name/License #	Company Name	Company Email and Phone #	Company Address (Street, City, State, ZIP)	Dates of Employment (MM/YYYY-MM/YYYY or MM/YYYY to Present if still employed)	Applicant Job Duties
[Empty Row]					

**Fee Summary**

	Price
Application Fee	\$0.00
Class A (Unlimited)	\$200.00
<b>Total</b>	<b>\$200.00</b>

[Edit](#)

**Affiliations**

Superior License/Account Type: Organization  
Constituent Ne  
License Numbe  
Mailing Addres  
Physical Addre

[Edit](#)

[Cancel](#) [Save and Exit](#) [Confirm](#)

**PART 6: THE ELECTRONIC SIGNATURE – Click you attest everything is correct and type your name. Click pay by card or e-check.**

**Instructions**

**Electronic Signature**

I attest that the information on this form is correct and accurate to the best of my knowledge. My signature of this application acknowledges it is my responsibility to keep the HVAC/R Section of the Arkansas Department of Labor and Licensing advise of my current address, phone, and employer.  
*Required*

Please enter your name in the field below *Required*

**My Payment Options**

Choose your payment option

If you would like to pay the fees associated with this form now, please select one of the payment options below:

[Pay by Credit Card - \\$207.03](#) [Pay by E-check - \\$202.00](#)

**Other Payment Options**

**Affiliation options**

If you would like to send a payment request for the fees associated with this form, please select the applicable party from the drop down list below and select the Send Payment Request button.

**Superior**

Please Select

[Send Payment Request](#)

[Cancel](#) [Back](#) [Save and Exit](#) [Save To Cart](#)

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You will then proceed to the payment process, once you have paid and the bank clears your transaction the application will be sent to the department for review. Be advised, it may take up to 72 hours to process applications and during peak seasons we anticipate no more than 5 days.