

**REQUEST TO READ / INTERPRET
FOR THE ARKANSAS STATE PLUMBERS EXAMINATION**

ARKANSAS DEPARTMENT OF HEALTH
PROTECTIVE HEALTH CODES
4815 WEST MARKHAM ST., SLOT 24
LITTLE ROCK ARKANSAS, 72205-3867

EXAMINEE _____
APPROVED _____
EXAM DATE _____
BY _____

READER _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ ZIP _____

SOCIAL SECURITY NUMBER _____

PHONE NUMBER _____
(HOME) (BUSINESS) (CELL)

RELATIONSHIP TO EXAMINEE: _____

REASON FOR REQUEST: _____

Do you hold a plumber's license or have any experience in the plumbing or fuel gas industry or have a relationship with anyone that has a plumber's license? _____

(If you answered YES, please elaborate on the reverse side of this page.)

SIGNATURE _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____

Signature of notary _____

State of _____ (SEAL)

