



# OKLAHOMA Construction Industries Board

## REQUEST FOR VERIFICATION OF LICENSE

Use this form to verify licensure from Arkansas, is applicable.

*Out of state licensing will not be considered by the Construction Industries Board Plumbing Division without the proper completion of this form.*

### PART 1- TO BE COMPLETED BY THE APPLICANT

Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

I am requesting licensure in the State of Oklahoma as a Journeyman Plumber that includes some natural gas work per CIB laws and rules.

I am licensed in the State of Arkansas as an unrestricted/unlimited plumbing journeyman or master plumber under the name of \_\_\_\_\_

My Arkansas license number is \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Do not fill out anything after this page.**

**PART 2 – Office use only- The State of Arkansas will complete this section.**

*Please furnish the requested information and verify the document.*

Verifying Agency \_\_\_\_\_

Name of Licensee (as it appears in the Verifying Agency's records)

\_\_\_\_\_

Classification or level unrestricted/unlimited of license issued \_\_\_\_\_

License Number \_\_\_\_\_ Original issued date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is the applicant's license current?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the applicant's license in good standing for the previous one year and renewable?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has there been any disciplinary actions against this license?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is there pending or unresolved disciplinary issues against this license?

YES \_\_\_\_\_ NO \_\_\_\_\_

Was education and/or work experience required for the license?

YES \_\_\_\_\_ NO \_\_\_\_\_

Was the license issued based on an examination in Arkansas?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES, please provide the following:**

Did the examination include Natural Gas Codes?

YES \_\_\_\_\_ NO \_\_\_\_\_

Examination Type(s) \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_

Examination Score(s) \_\_\_\_\_

Code Model Base for the examination (IPC, IFGC, NPC, etc...) \_\_\_\_\_

Does the Verifying Agency reciprocate Oklahoma Plumbing Licenses? YES \_\_\_\_\_ NO \_\_\_\_\_

**SIGNATURE OF VERIFYING AGENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME** (print) \_\_\_\_\_ **TITLE** (print) \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**(SEAL)** **EMAIL** \_\_\_\_\_

**AGENCY** \_\_\_\_\_