



License, Credential or Commission Request Form



Effective Date
1-2019

NOTICE: Information contained on this form is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

PLEASE TYPE OR PRINT LEGIBLY

NAME OF EMPLOYEE _____
Last First MI

SS#: _____ - _____ - _____ DOB: _____ CREDENTIAL # _____

NAME OF BUSINESS/COMPANY: _____

REASON FOR REQUEST: _____

PLEASE COMPLETE IF LOST OR STOLEN

___ LOST

___ STOLEN

SIGNED: _____ DATE: _____

STATE OF _____ §

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the county and state aforesaid, this the _____ day of _____ 20____.

Notary Public

PLEASE SELECT ALL THAT APPLY:

***** PLEASE SUBMIT A CHECK OR MONEY ORDER ONLY*****

- REPLACEMENT PHOTO ID CARD 20021 \$5.00
- DUPLICATE WALL LICENSE 20022 \$10.00
- POLYGRAPH OR INTERN POLYGRAPH EXAMINER DUPLICATE LICENSE 22004 \$15.00
- VOICE STRESS ANALYSIS EXAMINER DUPLICATE LICENSE 90003 \$10.00

Examiner or Manager Signature

Date