

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

APPROVED FOR CLASS IV TEST LOCATION: North Little Rock TEST DATE \_\_\_\_\_

\_\_\_\_ \$36 PREPAID ABC PROCESSING FEE (Incl. with Test Fee to ADEQ) APPROVED BY: \_\_\_\_\_  
\_\_\_\_ \$40 PREPAID ADEQ TEST FEE \_\_\_\_ \$20 PREPAID ADEQ RETEST FEE ADEQ Staff

SCORE: \_\_\_\_\_ PASS / FAIL GRADED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
APPLICATION FOR CLASS IV WASTEWATER LICENSE**

Please print clearly (Black or Blue Ink) Date: \_\_\_\_\_

**APPLYING FOR TEST ON (DATE) \_\_\_\_\_**

Name (Print): \_\_\_\_\_ (As it would appear on your certificate)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Required by Act 1163 of 1997 and to be reported to AR Office of Child Support Enforcement)

Employer: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
(Area Code)

Home Mailing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
(Area Code)

License number: \_\_\_\_\_ Date Class III Issued: \_\_\_\_\_

Years of Wastewater Experience \_\_\_\_\_ Years of Supervisory Experience \_\_\_\_\_

Attach a resume of employment history for the past 10 years (or provide on reverse side).

Total Training Hours Documented: \_\_\_\_\_

The above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

**Please Make Checks Payable in Full to ADEQ Wastewater Licensing Group – (BOTH TEST & PROCESSING FEES)**

(NOTE: \$20.00 Retest Fee applies to anyone re-taking this test, following a failed grade.)

Return completed form with test and processing fees to:

Arkansas Department of Environmental Quality  
Wastewater Licensing Program  
5301 Northshore Drive  
North Little Rock, AR 72118

Any questions call: (501) 682-0998 or (501) 682-0823 Fax (501) 682-0880