



Licensed Plumber Review Form
Arkansas Energy Office, Renewable Technology Rebate Fund,
Solar Thermal Installations
American Recovery and Reinvestment Act of 2009



Project Name: _____

System Installer: _____

Installation Address: _____

Licensed Plumber Name: _____

Identification Number: _____

Telephone Number: _____

Address: _____

Phone Number: _____

E-mail Address: _____

I have reviewed the installation of the above mentioned project and it is my determination that the installation was done so in accordance with all local, county, state and Federal codes and laws.

Signature

Date