



ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION

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FORM 1440

TRAVELING SCHOOL LOCATION

Name of School _____

City where training will be offered _____

Street address where class will be held _____

Proposed start date _____ Proposed end date _____

List the Program(s) of Study to be offered at this location:

PROGRAM TITLE	LENGTH OF PROGRAM
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I understand that the location of the license shall not be moved without at least a 24-hour notice to the Board. I further understand that the notification shall be considered made upon receipt by the Board staff of the form and appropriate fee.

Signature of Person Completing Form

Date

BOARD USE ONLY CK OR MO#	DATE OF CK/MO	REC'D \$
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