

**ARKANSAS DEPARTMENT OF LABOR AND LICENSING
BOARD OF ELECTRICAL EXAMINERS
AFFIDAVIT OF LICENSED WORK EXPERIENCE**

rev.7-2023

APPLICANT INFORMATION

Applicant Name	First:	Last:	Middle:
Applicant Address:		City:	State: Zip:
Email:		Phone:	
Dates of Employment Verification (MMDDYYYY):		From:	To:
WORK PERFORMED UNDER THE SUPERVISION OF			
First Name:		Last Name:	Middle Initial:
License Type:	License #:	Email:	
Company Name:		Phone:	
Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Dates of Employment Verification: (MMDDYYYY)		From:	To:
Applicant Job Duties: (Be Specific)			

Number of hours in Each Work Area:

Type of Work	Hours Completed
Residential:	
Commercial:	
Industrial Construction:	
Sign Specialist:	
Industrial Maintenance:	
Total Hours Worked	

Maximum of 2000 hours for each year of employment allowed. Industrial Maintenance and Sign Specialist hours are not qualifiable work hours for Journeyman or Master license.

I _____ STATE UNDER OATH THE ABOVE AND FOREGOING EMPLOYMENT HISTORY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EMPLOYER'S SIGNATURE

EMPLOYER'S NAME (PLEASE PRINT)

NAME OF COMPANY

TITLE

Subscribed and sworn to be before me this,

_____ day of _____, 20____

Notary Public