

**Arkansas Elevator Safety Board  
Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR, 72205  
Phone: 501-682-4538 Fax: 501-682-1765 TRS: 800-285-1131**

**APPLICATION FOR ELEVATOR MECHANIC LICENSE**

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**APPLICATION MUST BE FILLED OUT COMPLETELY    PLEASE TYPE OR PRINT**

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Individual name to be printed on license: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Other Phone #: (\_\_\_\_) \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Arkansas Code Annotated §17-1-104 (Repl. 2010) requires the Elevator Division to transfer an applicant's name, address, and social security number information to the Office of Child Support Enforcement. Social security numbers shall otherwise be maintained in a confidential manner as required by this statute.

Have you ever held a mechanic license?  No  Yes If so, where? \_\_\_\_\_  
License # \_\_\_\_\_ Original issue date: \_\_\_\_\_ Valid until: \_\_\_\_\_  
Was license issued by examination?  No  Yes Exam Date: \_\_\_\_\_ Exam score: \_\_\_\_\_  
What testing firm administered the examination? \_\_\_\_\_  
Have you ever had a mechanic license revoked?  No  Yes  
If Yes, by whom and for what reason?  
\_\_\_\_\_

Have you attended an apprenticeship school?  No  Yes If Yes, number of semesters: \_\_\_\_\_  
Location: \_\_\_\_\_

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT. I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ARKANSAS ELEVATOR SAFETY BOARD.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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*Please do not write below this line*

Date Received: \_\_\_\_\_

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

PART I— WORK EXPERIENCE

LIST PRESENT AND PREVIOUS EMPLOYERS

Employer Information	DATES EMPLOYED		Type of Elevator Work
	FROM Mo/Day/Yr	TO Mo/Day/Yr	
Name of Company			
Street Address			
City/State/Zip			
Employer Phone # ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone # ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone # ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone # ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone # ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone # ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone # ( )			

Work experience required for licensure shall be documented by notarized letters or affidavits from past or present employers; official letters or certifications from other government licensing authorities detailing the duration and character of the work; or equivalent evidence that verifies work experience. The name, address, and telephone number of anyone verifying work experience shall be provided on the verification document.

Part II - TRADE RELATED EDUCATION AND FORMAL INSTRUCTION

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1. FORMAL APPRENTICE TRAINING PROGRAM

NAME OF PROGRAM/SCHOOL AND COURSE:	DATES: Started / completed	CREDIT HOURS	DAYS PER WK	HRS / DAY

2. EDUCATION- VOCATIONAL OR TRADE, CORRESPONDENCE, COLLEGE

(A transcript must be included with the application.)

NAME OF SCHOOL AND COURSE:	DATES: Started / completed	CREDIT HOURS	DAYS PER WK	HRS / DAY

3. MILITARY TRAINING

(Military training or experience in elevator work must be detailed and submitted for evaluation with the application. Submit photocopy of your DD-214 form)

NAME OF SCHOOL AND COURSE:	DATES: Started / completed	CREDIT HOURS	DAYS PER WK	HRS / DAY

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT. I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ARKANSAS ELEVATOR BOARD.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**STATE OF ARKANSAS  
ARKANSAS DEPARTMENT OF LABOR  
ARKANSAS ELEVATOR SAFETY BOARD**

**10421 WEST MARKHAM • LITTLE ROCK, AR 72205-2190**

**Phone: 501- 682-4538**

**Fax: 501- 682-1765**

**TRS: 800-285-1131**

**AFFIDAVIT OF ELEVATOR MECHANIC EMPLOYMENT EXPERIENCE**

TO: Arkansas Elevator Safety Board

Applicant Name: \_\_\_\_\_

Dates of verification (mm/dd/yyyy):                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Amount of hours in each type of work:

Construction: \_\_\_\_\_ Hours

Maintenance: \_\_\_\_\_ Hours

Service: \_\_\_\_\_ Hours

Repair: \_\_\_\_\_ Hours

TOTAL HOURS: \_\_\_\_\_

Work listed above was performed under the supervision of:

Mechanic Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Applicant's job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I state under oath the above and foregoing employment history is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Affiant( Employer) Signature

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Employer Name (please print or type)

\_\_\_\_\_  
Company

\_\_\_\_\_  
License Number or Title

A separate affidavit must be furnished for each employer listed on the license application.

*(Photocopy this form as needed.)*