

Asa Hutchison
Governor



State of Arkansas
Arkansas Department of Labor and Licensing
Division of Labor
Elevator Safety Section

Ralph T. Hudson
Director

900 WEST CAPITOL STE 400, LITTLE ROCK, AR 72201
Phone: 501-682-4500 Fax: 501-682-1765 TRS: 800-285-1131
www.labor.arkansas.gov

APPLICATION
ELEVATOR MECHANIC LICENSE
APPLICATIONS MUST BE COMPLETED IN FULL

Individual Name:			
Residential Address:			
City:	County:	State:	Zip:
SSN#: - -	Email Address:		
Phone# - -	Cell # - -		
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 an elevator mechanic license? YES NO If Yes, Where _____
License # _____ Original Issue Date: _____ Valid Until: _____
Was license issued by examination? YES NO If yes, Exam Date _____ Exam Score _____
Name of testing firm administering examination _____
Have you ever had your mechanic's license revoked? YES NO If Yes explain by whom and the reason for revocation _____

Have you attended an apprenticeship school? YES NO If Yes, # of Semesters _____
Location of School: _____

Check all that apply:
Are you or your spouse a current or veteran of the U.S. Armed Services? YES NO
If yes, please attach copy of DD214.

ACT 990
Have you been convicted of a felony? YES NO if yes, provide the charge convicted of, date and court information. _____

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

INTERNAL USE ONLY

Processed By:	Approved:	Declined:
Date Received:	License Issue Date	
Date Issued:	License 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

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

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AAFIDAVIT OF ELEVATOR MECHANIC EXPERIENCE

TO: The Arkansas Department of Labor and Licensing Elevator Safety Board

Applicant Name: First, Last, Mi				
Dates of Verification(mm/dd/yyyy)	From:	To:		
Number of hours in each type of work:	Construction:	Maintenance:	Service:	Repair:
Total Hours:				

Work listed above was performed under the supervision of:

Mechanic Name:		License #:
Company Name:		
Address:		
City:	State:	Zip:
Phone :	Fax:	
Description of 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.
(Photocopy this form as needed.)