



**ARKANSAS DEPARTMENT OF LABOR AND LICENSING
ARKANSAS BOARD OF ELECTRICAL EXAMINERS**

AFFIDAVIT OF ELECTRICAL EXPERIENCE

900 WEST CAPITOL SUITE 400 LITTLE ROCK, ARKANSAS 72201

Applicant Name _____

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

Number of hours in each type of work:

Type of Work	Hours
Residential:	
Commercial:	
Construction:	
Industrial Maintenance:	
Sign Specialist:	
Total hours worked	

Work listed above was performed under the supervision of:

Master Electrician (Name) _____ License Number: _____

Company Name: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Description of Applicants job duties:

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

Employers Signature _____

Employer Name (Please Print) _____

Name of Company _____

Title _____

Subscribed and sworn to be before me this

____ Day of _____, 20 _____

____ Notary Public