



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