



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 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 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.**

\_\_\_\_\_  
Employers Signature

\_\_\_\_\_  
Employer Name (Please Print)

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Title

Subscribed and sworn to be before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20

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