

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

rev.7-2023

APPLICANT INFORMATION			
Applicant Name	First:	Last:	Middle:
Applicant Address:		City:	State: Zip:
Email:		Phone:	
Dates of Employment Verification (MMDDYYYY):		From:	To:
Employer Supervising Electrician			
First Name:		Last Name:	Middle Initial:
License Type:		License #:	Email:
Company Name:		Phone:	
Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Dates of Employment Verification: (MMDDYYYY)		From:	To:
Applicant Job Duties: (Be Specific)			

Number of hours in Each Work Area:

Type of Work	Hours Completed
Residential:	
Commercial:	
Industrial Construction:	
Sign Specialist:	
Industrial Maintenance:	
Total Hours Worked	

Applicants can claim a maximum of 2000 work hours for towards their required On The Job Training (OJT) for apprentices or for applicants who require 16,000 work hours for licensing.

Industrial Maintenance and Sign Specialist hours are not qualified work hours for Journeyman or Master license.

I _____ STATE UNDER OATH OR AFFIRM THE ABOVE AND FOREGOING EMPLOYMENT HISTORY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EMPLOYER'S SIGNATURE

EMPLOYER'S NAME (PLEASE PRINT)

NAME OF COMPANY

TITLE

Subscribed and sworn to be before me this,

_____ day of _____, 20____

Notary Public