

Sarah Sanders
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.

Act 820 (Check all that apply) Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a current member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a veteran of the U.S. Military?
Act 990: Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of conviction name of court and the type of conviction. (Do Not provide Court Documents or Sentencing Agreements)
Act 725: any applicant can request an initial license fee waiver if: (Check All Applicable Boxes) <input type="checkbox"/> Receives Assistance through the Arkansas Medicaid Program (Provide copy of current enrollment) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: (Provide proof of current enrollment) <input type="checkbox"/> Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. (Provide proof of enrollment) <input type="checkbox"/> Approved for unemployment in the last twelve (12) months (Provide proof of benefits from the Department of Workforce Services) <input type="checkbox"/> Has an income that does not exceed two hundred percent (200%) of the federal poverty limit. (Submit tax return for previous year)

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

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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.)