



**ELEVATOR SAFETY BOARD**  
**ARKANSAS DEPARTMENT OF LABOR AND LICENSING**  
 900 W Capitol, Suite 400, Little Rock, Arkansas 72201  
 Phone 501-682-4538 TRS 800-285-1131

rev. 10-23

[www.labor.arkansas.gov](http://www.labor.arkansas.gov)

Email: [adll.elevator@arkansas.gov](mailto:adll.elevator@arkansas.gov)

**ELEVATOR MECHANIC LICENSE APPLICATION**

***All Information is required for Application Processing. Incomplete Applications will be returned.***

**License Information**

Elevator Mechanic (\$75.00)  Accessibility Technician (\$75.00) **PAYMENT DUE AT TIME OF APPLICATION.**

**Applicant Information**

Last Name:				First:		Middle Initial:	
Street Address:				City:		State:	Zip:
Mailing Address:				City:		State:	Zip:
Phone:				Email Address:			
SSN:				DOB: (mm/dd/year)			
Name of Employer:				Company License #:			
Mailing Address:				City:		State:	Zip:
Have you taken the Elevator Mechanic test in another state or local jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please complete the following:							
Date of test:		Test Score:		Location:		Name of Provider:	
Are you licensed as an elevator mechanic in another state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, attach copies of current licenses.							
<b>ACT 820 of 2019: (Check all that apply)</b>							
Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a current member of the U.S. Armed Forces? Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a veteran of the U.S. Military?							
A.C.A 17-3-102: Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete information below:							
Conviction Statute:		Type of Conviction:			Name of Court:		
Conviction Date:		Probation Start:			Probation Completion Date:		
A.C.A 17-4-401 <i>set eq:</i> any applicant can request an initial license fee waiver if: <i>(Check All Applicable Boxes.)</i>							
<input type="checkbox"/> Receives Assistance through the Arkansas Medicaid Program <i>(Provide copy of current enrollment.)</i>							
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: <i>(Provide proof of current enrollment.)</i>							
<input type="checkbox"/> Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. <i>(Provide proof of enrollment.)</i>							
<input type="checkbox"/> Approved for unemployment compensation in the last twelve (12) months <i>(Provide proof of benefits from the Department of Workforce Services.)</i>							
<input type="checkbox"/> Has an income that does not exceed two hundred percent (200%) of the federal poverty limit. <i>(Submit tax return for previous year.)</i>							
<b>Applicant/Employer Certification:</b>							
<input type="checkbox"/> My signature of this application acknowledges it is my responsibility to keep the Elevator Safety Board Section of the Arkansas Department of Labor and Licensing advised of my current address, phone, and employer.							
<input type="checkbox"/> 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 the rules and statutes of the Arkansas Department of Labor and Licensing, Elevator Safety Board.							
Signature:				Date:			

**ARKANSAS DEPARTMENT OF LABOR AND LICENSING**

**Elevator Safety Section**  
**Elevator Employment History:**  
rev.10-2023

**Present and Previous Employers: (Print additional page(s) and complete as necessary.)**

Employer Name:		First:		Middle Initial:	
Street Address:		City:	State:		Zip:
Mailing Address:		City:	State:		Zip:
Employer Phone:		Employer Email:			
Dates of Employment: DD/MM/YYYY	From:		To:		
Please provide a description of the type of elevator work performed:					
Employer Name:		First:		Middle Initial:	
Street Address:		City:	State:		Zip:
Mailing Address:		City:	State:		Zip:
Employer Phone:		Employer Email:			
Dates of Employment: DD/MM/YYYY	From:		To:		
Please provide a description of the type of elevator work performed:					
Employer Name:		First:		Middle Initial:	
Street Address:		City:	State:		Zip:
Mailing Address:		City:	State:		Zip:
Employer Phone:		Employer Email:			
Dates of Employment: DD/MM/YYYY	From:		To:		
Please provide a description of the type of elevator work performed:					
Employer Name:		First:		Middle Initial:	
Street Address:		City:	State:		Zip:
Mailing Address:		City:	State:		Zip:
Employer Phone:		Employer Email:			
Dates of Employment: DD/MM/YYYY	From:		To:		
Please provide a description of the type of elevator work performed:					
Employer Name:		First:		Middle Initial:	
Street Address:		City:	State:		Zip:
Mailing Address:		City:	State:		Zip:
Employer Phone:		Employer Email:			
Dates of Employment: DD/MM/YYYY	From:		To:		
Please provide a description of the type of elevator work performed:					



# ARKANSAS DEPARTMENT OF LABOR AND LICENSING

## Elevator Safety Section Elevator Employment Affidavit:

rev.10-2023

**ATTENTION! INCOMPLETE FORMS WILL NOT BE ACCEPTED!**

**APPLICANT INFORMATION**

**A SEPRATE AFFIDAVIT MUST BE COMPLETED FOR EACH EMPLOYER WORK EXPEREICED IS CLAIMED**

Applicant Name	First:	Last:	Middle:
Applicant Address:	City:	State:	Zip
Email:	Phone:		
Dates of Employment Verification (MM/YYYY):	From:	To:	
License # (if applicable):	State:	Expiration:	

**EMPLOYER VERIFICATION OF WORK**

Company Name:			
Name of Individual Completing Form:	First:	Last:	MI:
Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Email Address:			
Dates of Employment Verification (MM/YYYY):	From:	To:	

**Applicant Job Duties: (Be Specific)**

*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