

**AFFIDAVIT OF EMPLOYMENT
BY NONRESIDENT LICENSEE**
(Print or type)

Full Name and Address of Title Insurance License Applicant

In connection with the above-named person, I herewith make representations and supply information about myself as hereinafter set forth.

1. Full Name of Applicant's Current Employer ("Affiant"): _____

2. Affiant's Business Address: _____

3. Affiant's Business Telephone/Fax/Mobile/E-mail Address _____

4. To Affiant: Please provide your Arkansas Title Insurance Agent/Agency License information: _____

5. To Affiant: Do you attest that you currently employ the applicant?

Dated and signed this _____ day of _____, 20____.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of Arkansas

County of _____

Personally appeared before me at the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

(SEAL) My Commission Expires _____