

**AFFIDAVIT OF PRIOR TITLE  
WORK EXPERIENCE**  
(Print or Type)

Full Name and Address of Title Insurance License Applicant

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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 or Prior Employer ("Affiant"): \_\_\_\_\_

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2. Affiant's Business Address: \_\_\_\_\_

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

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4. When did the Applicant work for you? Please list dates: \_\_\_\_\_

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5. Has the applicant successfully completed two thousand (2000) hours of prior title work experience under your supervision? \_\_\_\_\_

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 \_\_\_\_\_