

**ARKANSAS BOARD OF ELECTRICAL EXAMINERS**  
**ARKANSAS DEPARTMENT OF LABOR**  
10421 West Markham, Little Rock, AR 72205-2190  
Phone: 501-682-4549 Fax: 501-682-1765 TRS: 800-285-1131  
<http://www.arkansas.gov/labor/divisions>

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**THIS APPLICATION MUST BE FILLED OUT COMPLETELY**

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CHECK APPROPRIATE BOXES: (1)  Master (2)  Examination  
 Residential Master  Reciprocal  
 Journeyman  Temporary  
 Residential Journeyman  
 Industrial Maintenance  
 Air Conditioning Electrician

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Residence Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Social Security # \_\_\_\_\_ County \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Other Phone # (\_\_\_\_\_) \_\_\_\_\_

Arkansas Code Annotated §17-1-104 (Repl. 2001) requires the Electrical Division to transfer name, address, and social security number information on applicants to the Office of Child Support Enforcement. Social security numbers shall otherwise be maintained in a confidential manner as required by this statute.

Have you previously made application for examination with this Board?  No  Yes, Date: \_\_\_\_\_

Have you ever held an electrician's license?  No  Yes, If so, where \_\_\_\_\_ License # \_\_\_\_\_  
(submit photocopy)

License type and level \_\_\_\_\_ Original issue date \_\_\_\_\_ Valid until \_\_\_\_\_

Was the license issued by examination?  No  Yes Exam Date \_\_\_\_\_

What testing firm administered the examination: \_\_\_\_\_ Exam Score \_\_\_\_\_

Have you ever had an electrician's license revoked?  No  Yes  
If Yes, by whom and for what reason? \_\_\_\_\_

Have you attended an apprenticeship school?  No  Yes If Yes, number of semesters \_\_\_\_\_

If Yes, where? \_\_\_\_\_

Apprenticeship Registration/License Number \_\_\_\_\_

# INSTRUCTIONS FOR LISTING WORK EXPERIENCE AND TRADE-RELATED EDUCATION PLEASE READ CAREFULLY

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Please complete **PART I** and **PART II** in detail.

## **PART I - WORK EXPERIENCE (See Page 3)**

**NOTE: Applying for an electrical license does not authorize you to perform electrical work in the State of Arkansas; you must first be approved by the Board of Electrical Examiners and be issued a license before performing electrical work.** The Arkansas Board of Electrical Examiners may contact your present or previous employers to verify your work experience as stated herein.

- **Verification of employment must be provided by NOTARIZED original letters (not photocopies) or by Affidavit of Employment Experience (see Page 5) from previous or current employers.** The verification must include exact employment dates and the exact type of electrical work performed.
- Your qualifications will be determined on the basis of information provided by you on this application. It must be **factual, clear and complete**. Use additional sheets if necessary.
- Provide photocopies of any electrical licenses you presently hold or have previously held.
- If you have **Supervision** experience and/or were the **Owner** of an electrical contracting company, you may attach additional information to your application. You should submit a **NOTARIZED** letter describing your work experience along with a copy of your advertisement in the telephone directory, a copy of your business stationary, a list of jobs contracted by your company, a photocopy of any state or city business license(s), and any other documents supporting the length of time you have been in business.
- **Walk-in requests will not be honored; applicants must allow 48 hours for processing.** Temporary licenses may be renewed once when proof of employment on an industrial project is provided.

## **PART II - TRADE RELATED EDUCATION AND FORMAL INSTRUCTION (See Page 4)**

Read carefully the descriptions of the three classifications of education or instruction listed below. Then turn to Page 4 and, in the space provided, give the information requested. Make your answers as complete and clear as possible. A transcript of credits must be submitted to receive credit for school time.

1. **Formal Apprenticeship Training:** If you have been employed by an employer with an approved electrical apprenticeship program, list the program and the dates that you were enrolled. If completed, attach a copy of the completion certificate. Requests for acceptance of apprenticeship training must be accompanied by a "Release for Test" form signed by the apprenticeship program and the Department of Workforce Education.
2. **Electrical Engineer:** A degree in electrical engineering plus two (2) years experience will be accepted for application for a master examination.
3. **Military Training in Electrical Wiring.** Show in detail exactly what kind of training, schooling, or work experience you received directly related to wiring for installing and repairing electrical apparatus and equipment for light, heat and power. Include the length of time spent and any other information that will assist in evaluating the degree of electrical experience that you have had in construction in this classification.

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**Submit the application and all supporting documentation to:**

**ARKANSAS BOARD OF ELECTRICAL EXAMINERS  
ARKANSAS DEPARTMENT OF LABOR  
10421 WEST MARKHAM  
LITTLE ROCK, AR 72205-2190**

**PART I – WORK EXPERIENCE**

**LIST PRESENT AND PREVIOUS EMPLOYERS.**

EMPLOYER INFORMATION	DATES EMPLOYED		Type of Electrical Work
	FROM Mo/Day/Yr	TO Mo/Day/Yr	
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number (            )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number (            )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number (            )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number (            )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number (            )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number (            )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number (            )			

**PART II – TRADE RELATED EDUCATION AND FORMAL INSTRUCTION:**

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**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 (Submit photocopy of your DD-214 form)**

Military training or experience in electrical work must be detailed and submitted for evaluation with the application.

NAME OF SCHOOL AND COURSE:	DATES: Started / Completed	CREDIT HOURS	DAYS PER WK	HRS/ DAY

**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 BOARD OF ELECTRICAL EXAMINERS.**

**(PLEASE NOTE: FAXED COPIES ARE NOT ACCEPTED)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



**STATE OF ARKANSAS**  
**ARKANSAS DEPARTMENT OF LABOR**  
**ARKANSAS BOARD OF ELECTRICAL EXAMINERS**

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**AFFIDAVIT OF EMPLOYMENT EXPERIENCE**

TO: Arkansas Board of Electrical Examiners

Applicant Name: \_\_\_\_\_

Dates of verification (mm/dd/yyyy) : From: \_\_\_\_\_ To: \_\_\_\_\_

Amount of hours in each type of work:	Residential: _____	Hours
	Commercial: _____	Hours
	Industrial Construction: _____	Hours
	Industrial Maintenance: _____	Hours
	<b>TOTAL HOURS:</b> _____	

Work listed above was performed under the supervision of:

Master Electrician: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Applicant's job duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I state upon oath the above and foregoing employment history is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Employer's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Employer's Name ( please print )

\_\_\_\_\_  
Company

\_\_\_\_\_  
License Number or Title

A separate affidavit must be furnished for each employer listed on the license application.

(Photocopy this form as needed)