

**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>

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY**

CHECK APPROPRIATE BOXES (1)  Master (2)  Examination  
 FOR:  Residential Master  Reciprocal  
 (1) LICENSE TYPE  Journeyman  Temporary  
 (2) LICENSING QUALIFICATION:  Residential Journeyman  
 Industrial Maintenance  
 Air Conditioning Electrician  
 Specialist Sign Electrician

Date of Application \_\_\_\_\_ Email address: \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
     Last                      First                      Middle  
 Residence Address \_\_\_\_\_  
     Street                      City                      State                      Zip Code  
 Mailing Address \_\_\_\_\_  
     Street                      City                      State                      Zip Code  
 Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_  
 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 with this Board?  No  Yes, Date \_\_\_\_\_  
 Have you ever held an electrician's license  No  Yes, If so, where \_\_\_\_\_  
 License # \_\_\_\_\_ License Type and Level \_\_\_\_\_  
     Submit Photocopy  
 License Valid until \_\_\_\_\_ Was License Issued by Examination?  Yes  No  
 Examination Date \_\_\_\_\_ Examination Score \_\_\_\_\_  
 What testing firm administered the examination? \_\_\_\_\_  
 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 you answered yes, How many semesters did you attend? \_\_\_\_\_  
 Where did you attend apprenticeship school? \_\_\_\_\_  
 Apprentice Registration Number \_\_\_\_\_

## INSTRUCTIONS FOR LISTING WORK EXPERIENCE AND TRADE-RELATED EDUCATION

### PLEASE READ CAREFULLY

Please complete **PART I**, and **PART II** of this application in detail.

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

The Arkansas Board of Electrical Examiners may contact your present or previous employers to verify your work experience as stated herein.

- Provide verification of employment by **NOTARIZED** original letters (not photocopies), or by the "Affidavit of Employment Experience" form, (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 based on information provided by you on this application. It must be **factual, clear and complete**. Use additional sheets as 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 licenses and any other documents supporting the length of time you have been in business.

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

Read carefully the description of the three classifications of education or instruction listed below, then turn to page 4, and supply the information requested. Make your answers as complete and clear as possible. Please submit a transcript of credits to receive credit for school time.

1. **Formal Apprenticeship Training:** If registered in an approved electrical apprenticeship-training program, list the program and the dates that you were enrolled. If completed, attach a copy of the completion certificate. A "Release for Test" form signed by the apprenticeship program and the Arkansas Department of Career Education, if applicable, must be included your application.
2. **Electrical Engineer:** A degree in electrical engineering plus two (2) years of 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 evaluation 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**

**To complete your application:**

- Please complete pages 3 and 4 to show your previous work and training experience.
- Please have your current employer complete and notarize page 4 and attach with your application.

**PART I – WORK EXPERIENCE**

**LIST PRESENT AND PREVIOUS EMPLOYERS.**

EMPLOYER INFORMATION	DATES EMPLOYED		Type of Electrical Work Performed
	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 ( )			

**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 (Submit a 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**

10421 WEST MARKHAM • LITTLE ROCK, AR 72205-2190  
 Phone: 501-682-4549 Fax: 501-682-1765 TRS: 800-285-1131

**AFFIDAVIT OF ELECTRICAL 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  
 Sign Specialist: \_\_\_\_\_ Hours  
**TOTAL HOURS:** \_\_\_\_\_ Hours

Work listed above was performed under the supervision of:

Master Electrician: \_\_\_\_\_ License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Applicants job duties: \_\_\_\_\_

**I state under 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 or Type)

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Title

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

(Photocopy this form as needed)