NOTICE OF APPRENTICESHIP COMMITTEE ACTION (FORM 25-230)

Name of Local Committee:					Program #		
This is to notify	you that app	rentice:					
SS# :			License #		Rapids #:		
Total RTI Hrs:			Total OJT Hours:		OJT Hrs va	alid through:	
Grade Avg:			Effective date of the action is:				
Please select o	one of the fol	lowing a	actions:				
1.	New Apprentice						
	Electric	al	Plumbing	Other Trade			
2.	Cancellation						
3.	Reinstate PLUMBING: Send form to OSD and to ADH with reinstate application. Attach statement or note below what work the apprentice has been doing since their license expired. Electrical: Send form to OSD and complete reinstatement in ELP. OSD Signature needed if license has been expired for over 1 year and notarized statement noting what the person was doing during the expired time frame.						
4.	Held Back Apprentice did not successfully complete the last hours of training.						
5.	Miscellaneous Trades Completed						
6. Release	d for test:						
	Electrical Residential Exam Only Send form to OSD. After receiving the form back, upload it to the online application with AR DOLL. Plumbing Send form to OSD. After receiving the form back, send it and the examination application directly to the Arkansas Health Department.						
			as nearth Departm as administered				
7.	Transfer to:			~		Program #	
			(send this form to the gaining school)				
	Entrance Wage:		E		Exit Wage:		
	Gaining Committee au		uthorized signature:				
			Printed Nan	ne:			
		Ар	prentices signatu	re:			
		PI	Signatures repres			for the transfer. ducting transfers.	
Authorized sig	nature of con	nmittee:					
Printed Name:					Date:		
Signature Apprenticeship Office:					Date:		
	Em	nail all for	ms to OSD-OA at:	osd.oa@arkans	as.gov		
	(When transfe	erring an a	apprentice Email a	copy to: kuznar	r.john.a@do	ol.gov)	
	(Plumbing O	nly: when	reinstating, cance	elling, or releasing	ng an appre	ntice	

Email a copy to: adh.phc@arkansas.gov)