



Board of Electrical Examiners
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 900 W Capitol, Suite 400, Little Rock, Arkansas 72201
 Phone 501-682-4500 TRS 800-285-1131
www.labor.arkansas.gov

APPLICATION FOR APPRENTICESHIP ELECTRICAL LICENSE

All Information is required for Application Processing. Incomplete Applications will be returned

FOR SCHOOL USE ONLY			
<input type="checkbox"/> New Apprentice:			
<input type="checkbox"/> Transfer Student License Number:		<input type="checkbox"/> Reinstatement Student License Number:	
<input type="checkbox"/> Apprentice's Rapids Number:			
THIS SECTION TO BE COMPLETED BY THE APPRENTICE.			
Last Name:		First Name:	Middle:
Street Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Phone:		Email Address:	
SSN:			
Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a current or veteran of the US Armed Services?			
Act 990: Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of conviction name of court and the type of conviction.			
Act 725: any applicant can request an initial license fee waiver if: <i>(Check all Applicable Boxes)</i>			
<input type="checkbox"/> Receives Assistance through the Arkansas Medicaid Program <i>(provide copy of current enrollment)</i>			
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: <i>(provide proof of current enrollment)</i>			
<input type="checkbox"/> Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. <i>(Provide proof of enrollment)</i>			
<input type="checkbox"/> Approved for unemployment in the last twelve (12) months <i>(Provide Proof of benefits from the Department of Workforce Services)</i>			
<input type="checkbox"/> Has an income that does not exceed two hundred percent ((200%) of the federal poverty limit. <i>(Submit tax return for previous year)</i>			
Arkansas Code Annotated § 17-1-104 (Repl. 2001) requires the Electrical Section 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.			
Current Employer Name:			
Street Address:		City:	State: Zip:
Phone:		Email Address:	
Employer Signature:		Date	
It is understood that National Apprenticeship Standards will govern this Apprenticeship and that it is subject to registration with the United States Department of Labor, Office of Apprenticeship and the Arkansas Department of Labor. The employer agrees to make every reasonable effort to keep the apprentice employed and to assist him/her in related study and instruction.			
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.			
Applicant Signature:		Date:	

BEFORE REGISTRATION IS COMPLETE, THIS SECTION MUST BE COMPLETED BY THE TRAINING COMMITTEE

Apprentice Name:			
School Name:			
Program Number:			
School Address:	City:	State:	Zip:
School Phone:	Email Address:		
School Contact Name:			
Register Apprentice: (Check One) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial Maintenance <input type="checkbox"/> Air Conditioning			
Agreement: This is to certify that this applicant has entered into an apprenticeship agreement with the above-named school and the U.S. Department of Labor, Office of Apprenticeship for the purpose of learning the trade of electrician. It is also to certify that all required forms have been completed and entered into the RAPIDS system of the U.S. Department of Labor, Office of Apprenticeship for the purpose of registering this applicant with that agency.			
Printed Name of School Official:			
Signature:	Date:		
Submit all documentation to: Arkansas Department of Labor and Licensing Board of Electrical Examiners 900 West Capitol Suite 400 Little Rock, Arkansas 72201			
OFFICE USE ONLY:			
Apprentice Number:			
Previous Apprentice License Number:			

