



ELECTRICIAN EMPLOYMENT VERIFICATION

ARKANSAS BOARD OF ELECTRICAL EXAMINERS ABOEE (1-2025)

ATTACH THIS FORM TO YOUR ONLINE APPLICATION. APPLICATION IS LOCATED ON OUR WEBSITE
<https://labor.arkansas.gov/labor/code-enforcement/electrical-inspection-and-licensing/>

- Each employer must verify work experience separately. Please make copies as necessary.
 - Verification of hours must be on this form to be acknowledged; any other forms of verification will not be accepted.
 - Employment verification must be attached to the Application for Electrician's Exam Clearance
- Experience Requirements:**
- **Master:** Complete USDOL apprenticeship 12,000 hours qualifying OJT or 16000 hours qualifying OJT in an outside state jurisdiction unless jurisdiction has a reciprocal agreement with Arkansas.
 - **Residential Master:** 2 years USDOL Apprenticeship and 8000 hours qualifying OJT-License does not reciprocate.
 - **Journeyman:** Complete USDOL Certified Apprenticeship 8,000 hours OJT or out of state 16000 hours qualified OJT in a licensed jurisdiction unless applicant is in a state that reciprocates with Arkansas.
 - **Residential Journeyman:** 2 years USDOL Apprenticeship and 4000 hours qualifying OJT-License does not reciprocate.
 - **Military Related Experience:** Attach DD214 and military service record of job duties and training certifications. Credit for hours worked to be decided by board.
 - **ALL HOURS ARE BASED ON A 2000 HOUR PER YEAR MAXIMUM ALLOWABLE.** Overtime hours are not allowable.

Name of Applicant (First, Last, MI):		Social Security Number:	
Address:	City:	State:	ZIP Code:
Name of Electrical Contractor:		Email:	
Address:	City:	State:	ZIP Code:
Master License Holder Name:	Master License Number:	Phone:	
Position Held by Applicant:	Dates of Employment: Start Date: _____ End Date: _____		
Total Hours of Electrical work:	Dates Above Taken from Payroll Records <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain		
Type of Electrical work performed: Residential Wiring Hours _____ Commercial Construction Hours _____ Industrial Construction Hours _____ Industrial Maintenance Hours _____ Sign Specialist Hours _____			

I declare that this employment verification is to the best of my knowledge and belief a true, correct, and complete record.

Signature of Contracting Master Electrician in Presence of Notary	Date
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State of	County
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Before me, a notary public in and for said county/state, the NAMED PERSON below, personally appeared before me to be the same person who executed the within and foregoing document and he/she acknowledges to me that he/she executed the same.

On this day:	Date	
Name(s) of Individual Making Statement (By)		Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date (if not listed on stamp)		