



# ELECTRICIAN EMPLOYMENT VERIFICATION

ARKANSAS BOARD OF ELECTRICAL EXAMINERS

BOEE (1-2025)

A

**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
---	------

State of	County
----------	--------

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

Arkansas Board of Electrical Examiners  
900 West Capitol Suite 400  
Little Rock, Arkansas 72201

Phone: 501-682-4548  
Email: [adll.electrical@arkansas.gov](mailto:adll.electrical@arkansas.gov)  
Website: [labor.arkansas.gov](https://labor.arkansas.gov)