

Note: Please type or print all forms to ensure correct information.

Registration Sheet

Location/City: _____ Date: _____

Electrical "Year Level" _____

Name _____
 First Middle Last

Address: _____

Phone Number: _____ Birthdate: _____

Cell Number: _____ Work Number: _____

Social Security Number: _____

In Case of Emergency Notify : _____

Relationship: _____ Phone Number: _____

Employer Information

Employer Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Contact/Supervisor Name: _____

Please Check One

Apprentice Pays: _____ Employer Pays: _____

I understand that I am responsible for payment.

Authorized Signature: _____
BAT's

APPRENTICE LICENSE APPLICATION

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND RETURNED TO:

**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>**

Date _____

Name _____ Age _____ Date of Birth _____
Last First Middle

Residence Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Social Security # _____ County _____

Home Phone # (_____) _____ Other Phone # (_____) _____

Apprentice Program Name _____

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 for examination with this Board? No Yes, Date: _____

Have you ever held an electrician's license? No Yes, If so, where _____ License # _____
(submit photocopy)

License type and level _____ Original issue date _____ Valid until _____

Have you attended an apprenticeship school? No Yes If Yes, number of semesters _____

If Yes, where? _____

Apprenticeship Registration/License Number _____

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.

Date

Signature of Applicant

APPLICATION FOR APPRENTICE ELECTRICIAN LICENSE

PLEASE TYPE OR PRINT. BE SURE TO COMPLETE ALL SECTIONS. DO NOT FAX OR SEND COPIES. SEND \$10.00 LICENSE FEE WITH APPLICATION MADE PAYABLE TO THE ARKANSAS DEPARTMENT OF LABOR.

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED FOR COMPLETION OR CLARIFICATION.

FOR SCHOOL USE ONLY

- New Apprentice
- Renewal License Number _____
- Reinstate License Number _____

THIS SECTION TO BE COMPLETED BY APPRENTICE:

1. NAME:(Last, First, Middle) _____
2. STREET ADDRESS: _____
3. CITY _____ COUNTY _____ STATE: ____ ZIP: _____
4. HOME PHONE: (____) ____ - _____ WORK PHONE: (____) ____ - _____
5. SOCIAL SECURITY NUMBER: _____ -- _____ -- _____

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.

6. PREVIOUS REGISTRATION? YES ____ NO ____ LICENSE # _____
7. CURRENT EMPLOYER: NAME: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____
PHONE: (____) ____ -- _____

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.

Date

Signature of Applicant

It is understood that National Apprenticeship Standards will govern this Apprenticeship and that it is subject to registration with the Arkansas Office of the United States Department of Labor/Bureau of Apprenticeship and Training 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. The apprentice agrees to make every effort to complete his/her training, which includes related training, or study, according to "OPERATIONAL GUIDELINES FOR APPRENTICE ELECTRICIAN TRAINING".

SIGNATURE: _____ DATE: _____
Employer

THIS AREA FOR STATE USE ONLY

APPRENTICE NUMBER: EA- _____

THIS SECTION TO BE COMPLETED BY TRAINING COMMITTEE:

THIS SECTION MUST BE COMPLETED BEFORE REGISTRATION IS COMPLETE.

1. APPRENTICE NAME: _____
2. SCHOOL NAME: _____
3. ADDRESS: _____
4. CITY: _____ STATE: _____ ZIP: _____
5. SCHOOL CONTACT TELEPHONE NUMBER: _____
6. SCHOOL CONTACT PERSON: _____
7. Register Apprentice as (Circle one): Commercial Residential Industrial Maint. Air Conditioning

8. 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 (BAT) for the purpose of learning the trade of electrician. It is also to certify that all required forms have been completed and sent to the U.S. Department of Labor (BAT) for the purpose of registering this applicant with that agency.

SIGNATURE: _____ DATE: _____
Committee or School official

The local committee has evaluated the applicants education and electrical experience and has recommended experience credit of _____ classroom hours.

NOTE: Experience credit will not be given without documentation of work experience. Documented experience must be attached to this application before the local or State Apprentice Committee will approve any past credit work. The State Apprenticeship Committee will make the final determination of credit.

FOR STATE ELECTRICAL APPRENTICESHIP COMMITTEE USE ONLY

The State Electrical Apprenticeship Committee Approves _____ hours experience credit.

Chairman

Date

WHEN COMPLETED, SEND ALL DOCUMENTATION TO:

**Arkansas Department of Labor
Electrical Division
10421 West Markham
Little Rock, AR 72205-2190
(501) 682-4549**

Program Registration and
Apprenticeship Agreement
Office of Apprenticeship Training,
Employer and Labor Services (OATELS)

U.S. Department of Labor
Employment and Training Administration



APPRENTICE REGISTRATION-SECTION II

OMB No. 1205-0223 Expires: 10/31/2008

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Bureau of Apprenticeship and Training or the recognized State Apprenticeship Agency shown below. (Item 22)

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards Incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

PART A: TO BE COMPLETED BY APPRENTICE - NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

Name (Last, First, Middle) and Address (No., Street, City, State, Zip Code)		*Social Security Number (Voluntary - See reverse)	Answer Both A and B (Voluntary) (Definitions on reverse)	5. Veteran Status (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran
2. Date of Birth (Mo., Day, Yr.)		3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female	4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino b. Race (Mark one or more) <input type="checkbox"/> Am. Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	6. Education Level (Mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post Secondary or Technical Training

7. Career Linkage or Direct Entry (Mark one) (Instructions on reverse)

None Adult Youth HUD/STEP-UP School-to-Registered-Apprenticeship
 Incumbent Worker Job Corps Dislocated Worker Direct Entry;

8. Signature of Apprentice	Date	9. Signature of Parent/Guardian (if minor)	Date
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PART B: TO BE COMPLETED BY SPONSOR

10. Sponsor Program No. # 07-055		11a. Trade/Occupation (The work processes listed in the standards are part of this agreement).		
Sponsor Name and Address (No. Street, City, County, State, Zip Code) Anderson Electric of Pine Bluff, Inc. P.O. Box 2615 Pine Bluff, AR 71613-2615		Electrical		
		11b. Occupation Code	12. Term (Hrs., Mos., Yrs.) 4 Yrs.	13. Probationary Period (Hrs., Mos., Yrs.) 3 Mos.
		14. Credit for Previous Experience (Hrs., Mos., Yrs.)	15. Term Remaining (Hrs., Mos., Yrs.)	16. Date Apprenticeship Begins

17a. Related Instruction (Number of Hours Per Year)	17b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	17c. Related Training Instruction Source
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18. Wages: (Instructions on reverse)

18a. Pre-Apprenticeship Hourly Wage \$ _____ 18b. Journeyworker's Hourly Wage \$ _____ 18c. Apprentice's Entry Hourly Wage \$ _____

18d. Term (Hrs., Mos., Yrs.)	Period 1	2	3	4	5	6	7	8	9	10
	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.		
18e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>	50	55	60	70	75	80	85	90		

19. Signature of Sponsor's Representative(s)	Date Signed	21. Name and Address of Sponsor Designee to Receive Complaints (If applicable)
20. Signature of Sponsor's Representative(s)	Date Signed	

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

22. Registration Agency and Address	23. Signature (Registration Agency)	24. Date Registered
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25. Apprentice Identification Number (Definition on reverse):

ELECTRICAL APPRENTICE OJT REPORT

Apprentice Name _____ Month _____ Year _____

The following is a schedule of major work Processes for the Electrical program as extracted from the STANDARDS OF APPRENTICESHIP. The apprentice shall be trained in accordance with, but not limited to the schedule listed below. The training need not be in order listed, nor the hours continuous.

<u>WORK PROCESS</u>	<u>OJT HOURS</u>
I. Preliminary Work.....600 hours	_____
II. Residential rough wiring.....1,000 hours	_____
III. Commercial rough wiring.....1,500 hours	_____
IV. Residential finish work.....1,000 hours	_____
V. Commercial finish work.....500 hours	_____
VI. Lighting and Service installation.....2,000 hours	_____
VII. Trouble shooting1,000 hours	_____
VIII. Motor installation and control.....400 hours	_____
TOTAL HOURS THIS MONTH	_____

Comments on Work Performance _____

Signature of Apprentice _____

Signature of Employer _____

Company Name _____

APPRENTICESHIP CONSENT FORM

I, _____ GIVE MY CONSENT

TO THE STATE APPRENTICESHIP OFFICE TO RELEASE ANY AND
ALL INFORMATION ON ME IN REGARDS TO THE APPRENTICESHIP
SCHOOL. TO:

ANDERSON ELECTRIC OF PINE BLUFF, INC.
A E APPRENTICESHIP PROGRAM
3030 SOUTH MIDLAND PARK DRIVE
P. O. BOX 2615
PINE BLUFF, ARKANSAS 71613-2615
870-534-2672 870-534-2459 (FAX)

SIGNATURE

SOC. SEC NUMBER

ELECTRICAL APPRENTICESHIP NUMBER

Apprenticeship Consent Form

I, _____ GIVE MY CONSENT TO
Anderson Electric of Pine Bluff, Inc. Apprenticeship Program

TO RELEASE ANY AND ALL INFORMATION ON ME IN
REGARDS TO THE APPRENTICESHIP SCHOOL PROGRAM TO
THE STATE APPRENTICESHIP OFFICE AND MY EMPLOYERS.

Signature:

Printed Name:

Soc. Sec. Number: