

NOTICE OF APPRENTICESHIP COMMITTEE ACTION (FORM 24-230)

Name of Local Committee: _____ Program # _____

This is to notify you that apprentice: _____

SS# : _____ License # _____ Rapids #: _____

Total RTI Hrs: _____ Total OJT Hours: _____ OJT Hrs valid through: _____

Grade Avg: _____ Effective date of the action is: _____

Please select one of the following actions:

1. **New Apprentice**

Electrical 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. **Released 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.

Exit examination was administered

7. **Transfer to:** _____ Program # _____

(send this form to the gaining school)

Entrance Wage: _____ **Exit Wage:** _____

Gaining Committee authorized signature: _____

Printed Name: _____

Authorized signature of committee: _____

Printed Name: _____ **Date:** _____

Signature Apprenticeship Office: _____ **Date:** _____

Email all forms to OSD-OA at: osd.oa@arkansas.gov

(When transferring an apprentice Email a copy to: mclain.cynthia@dol.gov)

(Plumbing Only: when reinstating or cancelling an apprentice
Email a copy to: adh.phc@arkansas.gov)