

Verification of Electrical Experience

Note: If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ State of Issue: _____

EMPLOYER INFORMATION

To be completed by the employer. Each employer must submit a separate form.

Name of Employer: _____ License Number: _____

Name of Supervisor: _____ License Number: _____

Employer Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

Dates of Employment:

Apprentice: _____ to _____ Total Hours: _____

Res. Journeyman: _____ to _____ Total Hours: _____

Journeyman: _____ to _____ Total Hours: _____

Res. Master: _____ to _____ Total Hours: _____

Master: _____ to _____ Total Hours: _____

I certify the information provided above is true and correct.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

NOTE: Each year of work experience must include at least 2,000 hours; no more than 3,000 hours of work experience can be credited for each 12-month period.