

## 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.**