

ELECTRICIAN EXPERIENCE VERIFICATION FORM

This form **MUST** be completed by a person qualified to verify electrician experience and/or license history for the applicant.

Name of Applicant _____

Your Name _____ Your Telephone _____

Your Employer _____

Your License Number _____ License Type _____

Who Issued Your License _____

WHAT WAS/IS YOUR ASSOCIATION WITH THE APPLICANT?

Licensing Authority Employer Supervisor Co-worker Other _____

DID THE APPLICANT HOLD A LICENSE ISSUED BY YOUR REGIONAL OR MUNICIPAL LICENSING AUTHORITY FOR AT LEAST ONE YEAR?

YES NO

If YES, what type of license _____

AMOUNT OF ON THE JOB TRAINING COMPLETED BY THE APPLICANT

_____ YEARS _____ MONTHS

DESCRIBE THE TYPE OF TRAINING _____

UNDER WHAT TYPE OF LICENSE WERE THE HOURS EARNED ? _____

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature

Date