TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 13489 · Austin, Texas 78711 · (800) 803-9202 · (512) 463-6599 · FAX (512) 475-2871 www.license.state.tx.us electricians@license.state.tx.us

On-the-Job Training Documentation By Business Owner or Manager

Pursuant to Electrician's Rule 73.26(b)(1) and (b)(2)

If the electrician license application is filed after June 1, 2004, the applicant is still required to pass the appropriate examination. This documentation is used to demonstrate the required experience.

Name of Applicant		
Applicant's Social Security Number	OR	Applicant's TDLR ID Number
Applicant's Beginning Date of Employment		Applicant's Ending Date of Employment
Name of Business		
Name of Supervisor		
Name of Owner/Manager		
 Indicate which of the following qualifies you to v 1. I was the owner or manager of the electrical sign business at which the appwas employed during the period stated and 2. I verify that the person who supervised electrical or electrical sign work perform the applicant had overall responsibility freelectrical or electrical sign work perform the business. 	trical or OR plicant above; the ned by for	 on- the-job training. 1. I was the owner of the business at which the applicant was employed during the period stated above;* 2. I had overall responsibility for electrical or electrical sign work performed by the business; and 3. I supervised the electrical or electrical sign work performed by the applicant. * Business owners can verify their own experience.
Your Name		Your Telephone
Name of Your Business		
Address of Your Business		
Beginning Date of Ownership/Employment		Ending Date of Ownership/Employment

THE APPLICANT IS ALSO RESPONSIBLE TO SUBMIT DOCUMENTATION EXPLAINED ON THE PROOF OF BUSINESS EXISTENCE FORM.

BY SIGNING THIS FORM, I VERIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT DURING THE EMPLOYMENT PERIOD STATED ABOVE, THE APPLICANT PERFORMED WORK IN AN AREA WHERE NO MUNICIPAL OR REGIONAL ELECTRICAL OR ELECTRICAL SIGN LICENSE WAS REQUIRED.