15. ELECTRICIAN EXPERIENCE VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY A PERSON QUALIFIED TO VERIFY ELECTRICIAN EXPERIENCE WHOM THE DEPARTMENT MAY CONTACT FOR VERIFICATION.

Applicant's Name:

Last Name _____ First Name _____ Middle Name _____ Suffix Jr., Sr., III _____

Master Electrician's Name: _____
Last, First Name

Phone Number: _____
(Area Code) Phone Number

Company Name: _____

Your Electrician License Information: (Copy or letter of verification required)

License Type (Master, etc.) _____ License Number _____ Effective Date (MM/DD/YYYY) _____ Expiration Date (MM/DD/YYYY) _____

State, Country, or Municipality Issuing License: _____

Period You Supervised Applicant: _____ to _____
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

Number of hours worked during this time period: _____

Did you supervise the electrical work of the applicant during the above dates?
☐ Yes ☐ No

Did the applicant hold a valid license during the dates listed above? ☐ Yes ☐ No
If YES, what was the license type? _____

Choose the correct type of work performed by this applicant:

☐ Installed Electrical Wiring System:
☐ Residential ☐ Commercial ☐ Industrial ☐ Exempt ☐ Other _____

☐ Maintained Electrical Wiring System:
☐ Residential ☐ Commercial ☐ Industrial ☐ Exempt ☐ Other _____

☐ Extended an Electrical Wiring System:
☐ Residential ☐ Commercial ☐ Industrial ☐ Exempt ☐ Other _____

☐ Serviced Entrance Conductors:
☐ Residential ☐ Commercial ☐ Industrial ☐ Exempt ☐ Other _____

Detailed description of work performed:

STATEMENT OF SUPERVISOR

TEXAS LICENSED EMPLOYER STATEMENT: As a licensee of The Texas Department of Licensing and Regulation, I have only verified actual experience (number of hours and duties) that this applicant received while working under my license and general supervision. I understand that I may be subject to disciplinary action up to and including revocation of my license if I verify experience other than that which was performed while the applicant was working under my license and supervision.

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

_____
Signature of Master Electrician

_____
Date Signed