| 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: | | | | | |
| | | | | | 0.55 |
| Last Name First Name Master Electrician's Name: | | Mi | liddle Name Suffix Jr., Sr., III Phone Number: | | |
| Master Electrician's Name. | | | | Phone Numb | ei. |
| Last, First Name | | | (Area Code) |) Phone Number | |
| Company Name: | | | | | Thore Hamber |
| | | | | | |
| Your Electrician License Information: (Copy or letter of verification required) | | | | | |
| (, | | | | | |
| License Type (Master, etc.) License Number Effective Date (month/day/year) Expiration Date (month/day/year) | | | | | |
| State, Country, or Municipality Issuing License: Period You Supervised A | | | • | (month/day/year) | |
| to | | | | | |
| | | Start Date (mor | nth/day/year) | End Date | (month/day/year) |
| Number of hours worked during this time period: | | | | | |
| Did you supervise the electrical work of the | | | | | |
| applicant during the above dates? abov | | | No | J | |
| Yes No It | If YES | , what was the | license type? | 1 | |
| Choose the correct type of work performed by this applicant: | | | | | |
| Installed Electrical Wiring System: | | | | | |
| Residential Commercial Industria | al | Exempt | Other | | |
| Maintained Electrical Wiring System: | | | | | |
| Residential Commercial Industria | al | Exempt | Other | | |
| Extended an Electrical Wiring System: | | | | | |
| Residential Commercial Industria | al | Exempt | Other | | |
| Serviced Entrance Conductors: | | | | | |
| Residential Commercial Industria | al | Exempt | Other | | |
| Detailed description of work performed: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| STATEM | IENT (| OF SUPERVISC |)R | | |
| 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 S | Signed | |