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: __________________________________________  __________________________________________  __________________________________________

Supervising Electrician’s Name: __________________________________________  __________________________________________

Phone Number: __________________________  __________________________  __________________________

Company Name: __________________________________________

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

<table>
<thead>
<tr>
<th>License Type (Master, Etc.)</th>
<th>License Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

State, County, or Municipality Issuing License: __________________________________________

Period You Supervised Applicant: __________________________  __________________________

Start Date (Month/Day/Year) To End Date (Month/Day/Year)

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.

________________________________________  __________________________________________

Date Signed  Signature of Supervising Electrician

TDLR Form ELC017 rev February 2017