



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

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 _____ First _____ Middle _____ Suffix _____

Supervising Electrician's Name:

Phone Number:

_____ Last, First Name _____ (Area Code) Phone Number _____

Company Name:

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

_____ License Type (Master, Etc.) _____ License Number _____ Effective Date _____ Expiration Date _____

State, County, or Municipality Issuing License:

Period You Supervised Applicant:

_____ To _____
Start Date (Month/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? 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