



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 Name, Suffix (Jr, Sr, III)

Supervising 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

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