16. ELECTRICIAN EXPERIENCE VERIFICATION FORM		
THIS FORM <u>MUST</u> 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)		
Master 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 (month/day/yea	ar) Expiration Date (month/day/year)
State, Country, or Municipality Issuing License:	Period You Supervised	, . , . ,
		to
	Start Date (month/day/yea	ar) End Date (month/day/year)
Number of hours worked during this time period:		
Did you supervise the electrical work of the Did the applicant hold a valid license during the dates listed		
applicant during the above dates?	above? 🗍 Yes 🗌 No	C C
Yes No	If YES, what was the license t	ype?
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 Extended an Electrical Wiring System: Residential Commercial Industrial Extended an Electrical Wiring System: 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	Sig	nature of Master Electrician

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