



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500

FAX: (302) 739-2711

WEBSITE: DPR.DELAWARE.GOV

EMAIL: customerservice.dpr@delaware.gov

VERIFICATION OF EMPLOYMENT

APPLICANT INFORMATION – This section to be completed by applicant

Application ID: _____

1. Applicant Name: _____ Social Security No.: _____

2. Mailing Address: Street: _____

City: _____ State: _____ Zip Code: _____

3. **Employer (Company's Name):** _____

Street: _____

City: _____ State: _____ Zip Code: _____

EXPERIENCE – This section to be completed by applicant's licensed supervisor.

INSTRUCTIONS: The above applicant has applied to the Delaware Board of Electrical Examiners for licensure. **Return the completed, signed, notarized form directly to Board at the address above.** Forms submitted by the applicant cannot be accepted.

Information about Supervisor

1. Supervisor's Full Name: _____

2. Enter the following information about your licensure at the time you supervise(d) applicant:

Type of License (e.g., Master): _____ Number: _____ Jurisdiction: _____

3. List all jurisdictions where applicant obtained experience: _____

Applicant's Supervised Experience

4. Check *each* level at which you supervise(d) the applicant and complete the information for that level.

Apprentice: From (month/day/year): _____ To (month/day/year): _____ Total Hours Worked: _____

Journeyman: From (month/day/year): _____ To (month/day/year): _____ Total Hours Worked: _____

5. If different than the dates entered above, enter the period when applicant worked full-time (35+ hours per week):

From (month/day/year): _____ To (month/day/year): _____ Total Hours Worked: _____

6. Describe the types of electrical work the applicant performed under your supervision: _____

AFFIDAVIT

I confirm that I am the employer/supervisor named above and I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

SUPERVISOR SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on: _____.

The completed form must be mailed to the Board Office at the address above.