



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

STATE OF DELAWARE
BOARD OF ELECTRICAL EXAMINERS

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EMAIL: customerservice.dpr@delaware.gov

VERIFICATION OF EMPLOYMENT

APPLICANT INFORMATION – This section to be completed by applicant Application ID: _____

- Applicant Name: _____
- 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 Office at the address above.** Forms submitted by the applicant will NOT be accepted.

SUPERVISOR INFORMATION

- Supervisor's Full Name: _____

- Enter all jurisdictions where **applicant** obtained experience:

- Enter the following information about the **supervisor's** licensure at the time the applicant was supervised in the above jurisdiction(s):

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

APPLICANT'S SUPERVISED EXPERIENCE

- Check *each* level at which you supervised the applicant and complete the information for that level.
 - Apprentice: From (month/day/year): _____ To (month/day/year): _____ Total Hours Worked: _____
Applicant's Apprentice License Number (if applicable): _____ Jurisdiction: _____
 - Journeyman: From (month/day/year): _____ To (month/day/year): _____ Total Hours Worked: _____
Applicant's Journeyman License Number (if applicable): _____ Jurisdiction: _____
- 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: _____
- 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_____.

SEAL

Notary Signature: _____

My commission expires on: _____.

DO NOT EMAIL OR FAX THIS FORM