



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

STATE OF DELAWARE  
BOARD OF ELEVATOR MECHANICS

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WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**VERIFICATION OF EMPLOYMENT**

**APPLICANT INFORMATION – This section to be completed by applicant** Application ID: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_
2. **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 Elevator Mechanics 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.

*Each supervisor in which you completed supervision under must complete a separate form to be submitted to the Board office.*

**SUPERVISOR INFORMATION**

1. Supervisor's Full Name: \_\_\_\_\_
2. Enter all jurisdictions where **applicant** obtained experience:


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

Type of License:	License Number:	Jurisdiction:

**APPLICANT'S SUPERVISED EXPERIENCE - Complete each level at which you supervised the applicant and check apprentice level, if applicable.**

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

**Applicant's Apprentice** License Number (if applicable): \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

4. If experience it outside of an apprenticeship, enter the period when applicant worked full-time (35+ hours per week):

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

5. Describe the types of elevator 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: \_\_\_\_\_.

**DO NOT EMAIL OR FAX THIS FORM**