





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

STATE OF DELAWARE  
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION  
BOARD OF ELECTRICAL EXAMINERS

Complete this page for the full-time Nationally-Certified Inspector:

1. Name of Inspector: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Date of Hire: \_\_\_\_\_

4. Experience of Inspector (at least 7 years):

Complete information below and submit proof of experience. Proof of experience is the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

Employer	Address	Dates of employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dates passed Inspector Examinations administered by a nationally recognized testing agency and approved by the Division of Professional Regulation:

- Electrical One-and Two-family dwellings - within 18 months of employment as an inspector - \_\_\_\_\_
- Electrical General - within 18 months of employment as an inspector - \_\_\_\_\_
- Electrical Plan Review - within 24 months of employment as inspector - \_\_\_\_\_



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**Complete one page for each additional inspector:**

5. Name of Inspector: \_\_\_\_\_

6. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Date of Hire: \_\_\_\_\_

8. Experience of Inspector (at least 7 years):

Complete information below and submit proof of experience. Proof of experience is the *Verification of Employment* form completed by named employer, tax Form W-2, or tax Schedule C.

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