



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

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

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

**BOARD OF ELECTRICAL EXAMINERS**

**VERIFICATION OF EMPLOYMENT**

**THIS SECTION TO BE COMPLETED BY APPLICANT-** Duplicate form as needed

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

Employer (Company's Name): \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Instructions: The above applicant has applied to the Delaware Board of Electrical Examiners for licensure. This form must be completed by the applicant's supervising licensed electrician and notarized.

**Employment Dates - To Be Completed By Month/Day/Year**

Apprentice: From \_\_\_\_\_ To \_\_\_\_\_

Total Number of Hours Worked \_\_\_\_\_

Journeyman: From \_\_\_\_\_ To \_\_\_\_\_

Total Number of Hours Worked \_\_\_\_\_

Full Time Dates (35 Plus Hours A Week) If Other Than Above:

From \_\_\_\_\_ To \_\_\_\_\_

**Supervisor** (Licensed Electrician ) – Please print

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

In Which States Have You Been Licensed? \_\_\_\_\_

Please Describe the Types of Electrical Work Performed by the Applicant While Employed:

\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

County of \_\_\_\_\_

State of \_\_\_\_\_

I \_\_\_\_\_ the employer/supervisor named herein, do declare and affirm under penalty of perjury that the foregoing statement are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Licensed Supervisor**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date

**SEAL**

**Please return to:**

**Delaware Board of Electrical Examiners  
861 Silver Lake Boulevard  
Cannon Building, Suite 203  
Dover, DE 19904**