



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

VERIFICATION OF EMPLOYMENT

APPLICANT INFORMATION – This section to be completed by applicant *You may copy this form.*

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

2. Mailing Address: _____
Street

City State Zip code

3. Employer (Company's Name): _____
Address: _____
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 and notarized form directly to Board at the address above.** Forms received from the applicant cannot be accepted.

Information about Supervisor

- Supervisor's Full Name: _____
- Enter the following information about your licensure at the time you supervise(d) applicant:
Type of License (e.g., Master): _____ Number: _____ Jurisdiction: _____
- List all jurisdictions where you have held an electrician license: _____

Applicant's Supervised Experience

- Check *each* level at which you supervise(d) the applicant and complete the information for that level.
 Apprentice: From: _____ To: _____ Total Hours Worked: _____
month/day/year month/day/year
- Journeyman: From: _____ To: _____ Total Hours Worked: _____
month/day/year month/day/year
- If different than the dates entered above, enter the period when applicant worked full-time (35+ hours per week):
From: _____ To: _____
month/day/year month/day/year
- 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: _____.