



EMPLOYER STATEMENT FORM - MILITARY

ELECTRICAL EXPERIENCE SHOULD BE STATED ON THIS FORM. This form is to be completed the applicants past or present employer or employer representative under whom their electrical experience was gained. Refer to Board rule ".0202 Experience" when completing this form. The Board reserves the right to contact the Employer/Employer Representative and review all employment records in making a final determination of an applicant's experience. Applicants cannot verify their own experience.

All military applicants must demonstrate they have been engaged in land-based electrical work for at least two (2) of the five (5) years preceding the date of application per G.S. 93B-15.1. (Note: 1 year full-time = 2,000 hours)

Job titles / full-time / etc. listed as a capacity below WILL NOT BE ACCEPTED. Acceptable experience capacities are in rule .0202 "Experience".

This is to certify that _____ is/was employed by this firm in the following capacity/capacities and gained the stated experience while working in said capacity:

A) SECONDARY EXPERIENCE: Working experience gained while engaged in work or training that is related to the installation of electrical wiring and equipment governed by the National Electrical Code or work activities directly related thereto. (Examples: Helper or Apprentice. Enter dates of employment, capacity held and total hours of experience gained while in that capacity.)

BEGIN DATE OF EXPERIENCE: _____ END DATE OF EXPERIENCE: _____
CAPACITY: _____ TOTAL HOURS EXPERIENCE: _____

B) PRIMARY EXPERIENCE: Working experience gained by the applicant while engaged directly in the installation of electrical wiring and equipment governed by the National Electrical Code or work activities directly related thereto. (Examples: Journeyman or Electrician Mechanic. Enter time period experience was gained, capacity held and total hours of experience.)

BEGIN DATE OF EXPERIENCE: _____ END DATE OF EXPERIENCE: _____
CAPACITY: _____ TOTAL HOURS EXPERIENCE: _____

C) OTHER EXPERIENCE: (Enter dates of employment, capacity held and total hours of experience gained while in that capacity.)

BEGIN DATE OF EXPERIENCE: _____ END DATE OF EXPERIENCE: _____
CAPACITY: _____ TOTAL HOURS EXPERIENCE: _____

Please check one of the following that best describes this applicant's character: [] GOOD [] NOT GOOD [] NO OPINION

Other Comments: _____

Employer Company Name: _____

Employer Address: _____ (STREET / P.O. BOX) (CITY) (STATE) (ZIP CODE)

Phone: _____ (AREA CODE) Email Address: _____

Employer/Representative Signature: _____ Title: _____

Employer/Representative Printed Name: _____ Date Signed: _____

STATE OF _____ COUNTY OF _____

I, a notary public of the aforesaid state and county, certify that the employer/representative whose signature appears above, personally appeared before me, and signed the foregoing document.

Witness my hand and official seal, this _____ day of _____, _____ (SEAL)

Notary Printed Name _____ Notary Signature _____

My Commission Expires _____

(BOARD USE ONLY)

APPROVED BY: _____ DATE: _____