EXPERIENCE VERIFICATION - ELECTRICIAN ONLY

Access this form via website at : **cca.hawaii.gov/pvl**

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

NAME OF APPLICANT (First, Middle)	(Last)

Mailing Address of Applicant	Date

PART II. TO BE COMPLETED BY LICENSED ELECTRICIAN SUPERVISOR OR CONTRACTOR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed electrician is necessary to provide valid and accurate verification of experience. Acceptable verification is from a licensed electrician working with and/or responsible for the applicant. NOTE: If self-employed, please provide verification of a valid contractor's or other appropriate license that allowed you to contract to perform electrical work. **NOTE:** If the state in which you supervised the applicant does not require licensure as a journey worker, supervising, or master electrician and only requires a contractor's license, you may complete the form and attach verification of licensure that shall include the effective date of the license that allowed you to perform electrical work. **Please sign before a Notary Public.** Please return this completed "*Experience Verification*" form to the **APPLICANT** who must attach it to the application form.

Please indicate your license before verifying the applicant's experience:

Name and Address of Supervisor	Employer's Name and Address
Title: _____	
Years of Experience: _____	Type of Business: _____
Electrician Lic. No.: (Required) _____	
Years Licensed: _____	License No.: _____

Applicant's Employment Information:

Employment Date	Termination Date	Total Length of Employment	Average Hours Per Week
		yrs. mos.	

EXPERIENCE:

1. Is applicant's work performed in compliance with the National Electric Code? . . . . . ☐ Yes ☐ No
2. **Describe** work performed in **detail**.

(CONTINUED ON PAGE 2 - NOTARIZED SIGNATURE REQUIRED)

PART II. TO BE COMPLETED BY SUPERVISOR/EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED (Continued)

Beside describing the applicant's experience, please indicate the total hours for each work process/task as listed below:

ELECTRICIAN

Specific Work Process/Task	Total Hours Per Task
Residential wiring (Installation of meter sockets; rough in wires; and installation and maintenance of receptacles, switches, light fixtures, signal and other work).	_____
Commercial wiring (Conduit installation; installation of metal moldings and cables; and installation and maintenance of panel boards and other work).	_____
Industrial wiring (Installation and maintenance of substation equipment, switchboards, bus ducts automatic controls, and other work; and cable splicing).	_____
Specialized wiring (Installation of temperature and refrigeration controls; fabrication of electrical panels, motor starters, etc.; assembly and wiring of custom job fixtures for special jobs; and installation and maintenance of neon sign).	_____
General wiring (Installation and maintenance of motor generators; appliance repairs; and other wiring.	_____
TOTAL HOURS OF EXPERIENCE.	_____

AFFIDAVIT:

I swear that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

_____ Signature of Supervisor, Employer, or Applicant if Self-Employed in front of Notary Public

_____ Date

Subscribed and sworn to before me this
_____ *day of* _____ *A.D. 20* ____ .

_____
Notary Public, State of Hawaii

My commission expires: _____

Print Name: _____

Doc. Date: _____ *No. of Pages:* _____

Notary Name: _____ *Circuit Court:* _____

Doc. Description _____

_____

Notary Signature: _____

Date: _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.