

STATE OF MAINE
 MAINE ELECTRICIANS' EXAMINING BOARD
 35 STATE HOUSE STATION
 AUGUSTA, ME 04333-0035
 TELEPHONE: (207) 624-8457
 EMAIL: electrician.board@maine.gov

AFFIDAVIT ATTESTING TO WORK EXPERIENCE OF ELECTRICIAN

Name of Applicant:

THIS SECTION TO BE COMPLETED BY THE SUPERVISING ELECTRICIAN

Supervising Electrician's Name:

Supervising Electrician's License Number & State of Licensure:

Supervising Electrician's Email Address:

Supervising Electrician's Mailing Address:

City:	State:	Zip Code:
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MAINE LICENSED ELECTRICAL WORK EXPERIENCE
Dates and times accumulated both must be listed or Affidavit will be returned.

<input type="checkbox"/> HELPER ELECTRICIAN	<input type="checkbox"/> APPRENTICE ELECTRICIAN
<input type="checkbox"/> JOURNEYMAN ELECTRICIAN	<input type="checkbox"/> LIMITED ELECTRICIAN

From: (Month/Day/Year)	To: (Month/Day/Year)
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And worked _____ hours in the field of electrical installations.

<input type="checkbox"/> HELPER ELECTRICIAN	<input type="checkbox"/> APPRENTICE ELECTRICIAN
<input type="checkbox"/> JOURNEYMAN ELECTRICIAN	<input type="checkbox"/> LIMITED ELECTRICIAN

From: (Month/Day/Year)	To: (Month/Day/Year)
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And worked _____ hours in the field of electrical installations.

I attest to the electrical work experience and work hours completed by the above-named licensee while under my employment or supervision. I understand that falsification of this Affidavit could result in investigation of my Electrician license and may result in sanctions.

Signature of Supervising/Employing Electrician	Date
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NON-RESIDENT/OUT-OF-STATE ELECTRICAL WORK EXPERIENCE
Dates and times accumulated both must be listed or Affidavit will be returned.

HELPER ELECTRICIAN APPRENTICE ELECTRICIAN
 JOURNEYMAN ELECTRICIAN LIMITED ELECTRICIAN

From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

And worked _____ hours in the field of electrical installations.

I attest to the electrical work experience and work hours completed by the above-named licensee while under my employment or supervision.

Signature of Supervising/Employing Electrician Date

NON-RESIDENT EXPERIENCE - SELF EMPLOYED MASTER ELECTRICIAN
(SELF-EMPLOYED AS A MASTER FOR AT LEAST THE PAST SIX YEARS)

This section is to be completed by community leaders who have knowledge of the applicant's work experience in the field of electrical installations (e.g., local electrical inspector, code enforcement officer, etc.) **THREE separate community leaders must complete this section**

1st Community Leader Name:

Community Leader's Email Address:

Community Leader's Mailing Address:

City: _____ State: _____ Zip Code: _____

I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant's work experience in the field of electrical installations as a **Master** electrician in my community:

From Date: _____ Through: _____
(Month/Day/Year) (Month/Day/Year)

Signature: _____ Date: _____

2nd Community Leader Name:

Community Leader's Email Address:

Community Leader's Mailing Address:

City: _____ State: _____ Zip Code: _____

I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant's work experience in the field of electrical installations as a **Master** electrician in my community:

From Date: (Month/Day/Year)	Through: (Month/Day/Year)
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Signature:	Date:
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3rd Community Leader Name:

Community Leader's Email Address:

Community Leader's Mailing Address:

City:	State:	Zip Code:
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I do hereby acknowledge that I have first-hand knowledge of the above-referenced applicant's work experience in the field of electrical installations as a Master electrician in my community:

From Date: (Month/Day/Year)	Through: (Month/Day/Year)
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Signature:	Date:
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