

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:
Dates and times accumulated both <u>must</u> be listed or Affidavit will be returned.		
MAINE LICENSED ELECTRICAL WORK EXPERIENCE AS A:		
<input type="checkbox"/> HELPER ELECTRICIAN <input type="checkbox"/> APPRENTICE ELECTRICIAN <input type="checkbox"/> JOURNEYMAN		
From: (Month/Day/Year)	To: (Month/Day/Year)	
Has worked a total of _____ hours in the field of electrical installations; at least _____ hours of which is in: (choose one) <input type="checkbox"/> Water pump installations; or <input type="checkbox"/> Outdoor signs and sign lighting installations; or <input type="checkbox"/> Gasoline dispensing equipment installations; or <input type="checkbox"/> Traffic signal installations; or <input type="checkbox"/> House wiring installations; or <input type="checkbox"/> Refrigeration installations; or <input type="checkbox"/> Low energy installations; or <input type="checkbox"/> Crane and hoist installations		
I attest to the 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