



Board of State Examiners of Electricians

www.mass.gov/dpl/boards/el

OUT-OF-STATE PRACTICAL EXPERIENCE CERTIFICATION

Applicant Name	Address
License number (if any)	State requirements

The following information must be provided by three person authentication. In addition to the applicant, signatures must be obtained from a second person licensed in the profession and able to verify the information herein provided and a third person as a professional witness not related to the applicant.

Type of work engaged in <input type="checkbox"/> premises electrical work as an employee <input type="checkbox"/> contract projects for hire	
State in which Work Experience was performed	If work is performed to code indicate the code and the year
Employer/Business name	Address

Provide the supervised work experience details in the table below.

Supervising Licensee	State License number	FT/PT	From Date	To Date	Total Hours accumulated

Additional work history (For work history performed in other capacities provide title and brief description)

Title and description	Dates

As a licensed professional I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein by the aforementioned applicant

(signature) _____ (Date) _____

As a professional witness I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein by the aforementioned applicant

(signature) _____ (Date) _____