



New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, P.O. Box 45006
Newark, New Jersey 07101
(973) 504-6410

Work-Experience Certification for Class A Journeyman Electrician

(To be completed by the individual named as a reference.) (Please print.)

_____			_____		
Name of applicant			Name of reference and company name		
_____			_____		
Applicant's address			Reference's address		
_____			_____		
City	State	ZIP code	City	State	ZIP code
_____			_____		
Telephone number (include area code)			Internet address		

1. Applicant's practical hands-on experience working with tools in the installation, alteration, or repair of wiring for electric light, heat or power.

A. Exact dates: From: ____ / ____ / ____ to ____ / ____ / ____

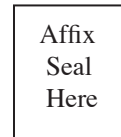
B. Average number of hours per week: _____

C. Explain electrical experience.

2. Are you an electrical contractor? Yes No

If "Yes," in what state? _____ License number: _____

If you are a New Jersey Electrical Contractor, impress your Business Permit Seal.



3. I hereby certify that I am the _____ of _____
Reference/Title Company

and that I have personal knowledge of the qualifications of the applicant and that he/she worked for me in the installation, alteration, or repair of wiring for electric light, heat or power with tools in the field during the time stated.

Signature of reference Date