

# SUPERVISE AND DIRECT STATEMENT FORM

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NOTE: THIS IS A REQUIREMENT FOR THE **UNLIMITED** CLASSIFICATION ONLY. THIS FORM MAY ALSO BE USED FOR A GOOD CHARACTER STATEMENT AS NOTED BELOW. **PLEASE DO NOT SUBMIT WHEN FILING FOR OTHER CLASSIFICATIONS.**

**TO: STATE BOARD OF EXAMINERS  
OF ELECTRICAL CONTRACTORS  
P.O. BOX 18727  
RALEIGH, NC 27619-8727**

This is to certify that I have known \_\_\_\_\_ for approximately \_\_\_\_\_ years; that I am knowledgeable of his/her electrical experience; and that in my opinion he/she does have the ability to satisfactorily supervise and direct all electrical wiring or electrical installation work done by an electrical contracting business in the **UNLIMITED** classification.

Please check one of the following that best gives your opinion of this applicant's character:

GOOD \_\_\_\_\_ NOT GOOD \_\_\_\_\_ NO OPINION \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNED BY \_\_\_\_\_

TITLE \_\_\_\_\_

NAME OF FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE