SUPERVISE AND DIRECT STATEMENT FORM

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