
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
3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27609

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 _____

