

## SUPERVISE AND DIRECT STATEMENT FORM (1)

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S ABILITY. *THE QUALIFIED AGENT CANNOT ATTEST TO OWN ABILITY.*

This is to certify that I have known \_\_\_\_\_ for approximately \_\_\_\_\_ years; that I am knowledgeable of this individual's electrical experience; and that in my opinion, does have the ability to satisfactorily supervise and direct all electrical work performed by an electrical contracting business in the **UNLIMITED** license classification.

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

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

FIRM ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

## SUPERVISE AND DIRECT STATEMENT FORM (2)

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER, AN EMPLOYER REPRESENTATIVE OR ANY OTHER RESPONSIBLE PERSON WHO HAS KNOWLEDGE OF THE QUALIFIED AGENT'S ABILITY. *THE QUALIFIED AGENT IS NOT ALLOWED TO ATTEST OWN ABILITY.*

This is to certify that I have known \_\_\_\_\_ for approximately \_\_\_\_\_ years; that I am knowledgeable of this individuals electrical experience; and that in my opinion, does have the ability to satisfactorily supervise and direct all electrical work performed by an electrical contracting business in the **UNLIMITED** license classification.

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

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

FIRM ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_