



SUPERVISE & DIRECT STATEMENT FORM

REQUIRED FOR THE UNLIMITED CLASSIFICATION ONLY.

THIS FORM REFERS TO THE APPLICANT'S SUPERVISORY ABILITIES. TWO (2) WRITTEN STATEMENTS FROM AT LEAST TWO (2) PERSONS WHO ARE KNOWLEDGABLE OF THE APPLICANT'S ABILITY TO SUPERVISE AND DIRECT ALL ELECTRICAL WIRING AND ELECTRICAL INSTALLATION WORK DONE BY AN ELECTRICAL CONTRACTING BUSINESS ARE REQUIRED.

THIS FORM MAY ALSO BE USED FOR CHARACTER REFERENCE. EXAMPLES OF ACCEPTABLE WITNESSES INCLUDE BUT ARE NOT LIMITED TO: CO- WORKERS, EMPLOYERS, PROFESSIONAL ASSOCIATES, ETC.

This is to certify that I have known _____ for approximately ____ years; that I am knowledgeable of their electrical experience; and that in my opinion they have the ability to satisfactorily supervise and direct all electrical wiring and electrical installation work performed by an electrical contracting business in the Unlimited classification.

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

GOOD NOT GOOD NO OPINION

Signed this _____ day of _____, _____.

WITNESS SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____
(STREET / P.O. BOX)

(CITY / STATE / ZIP CODE)

PHONE: _____
(AREA CODE)

EMAIL: _____

(BOARD USE ONLY)

APPROVED BY: _____ DATE: _____