State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45006
NEWARK, NEW JERSEY 07101
973-504-6410

Work Experience Certification

(To be completed by the individual named as a reference.)
(*Please type or print clearly.*)

_____ Name of applicant	_____ Name of reference and company name
_____ Applicant's home address	_____ Reference's home or business address
_____ Home telephone number (include area code)	_____ Reference's telephone number (include area code)
_____ E-mail address	_____ E-mail address

1. The above applicant has asked you to certify his or her qualifications (See N.J.A.C.13:31-2.1, Qualifications of Applicants, on the reverse side) to take the examination for an Electrical Contractor's license. Please provide the exact dates of his or her employment.

   A. From _____/ _____/ _____ to _____/ _____ / _____
   month day year month day year

   B. Average number of hours the applicant worked per week: _____

   C. Please explain his or her electrical **installation** experience. (Use additional paper if necessary.)

   _____
   _____
   _____
   _____

2. Are you an electrical contractor in any other state or province? ☐ Yes ☐ No
   If "YES," in what state or province are you a licensee? _____What is your license number? _____
   If you are a licensed electrical contractor in New Jersey, and you hold a Business Permit, please provide an impression of your Business Permit Seal and please provide your New Jersey license number. _____

SEAL

3. I hereby certify that I am the _____ of_____
   Reference/Title Company

   and that I have personal knowledge of the qualifications of the applicant, and that he or she worked for me for _____
   Length of time (years/months)

   gaining practical experience working with tools in the installation, alteration or repair of wiring for electrical light, heat or power.

_____ Signature of reference	_____ Date