



Board of State Examiners of Electricians

<https://www.mass.gov/orgs/board-of-state-examiners-of-electricians>

OUT-OF-STATE PRACTICAL EXPERIENCE CERTIFICATION

Applicant Name	Address
License number (if any)	State requirements

The following information must be provided by three-person authentication. In addition to the applicant, signatures must be obtained from a second person licensed in the profession and able to verify the information herein provided and a third person as a professional witness not related to the applicant.

Type of work engaged in <input type="checkbox"/> premises electrical work as an employee <input type="checkbox"/> contract projects for hire	
State in which Work Experience was performed	If work is performed to code indicate the code and the year
Employer/Business name	Address

Provide the supervised work experience details in the table below.

Supervising Licensee	State License number	FT/PT	From Date	To Date	Total Hours accumulated

Additional work history (For work history performed in other capacities provide title and brief description)

Title and description	Dates

As a licensed professional I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein by the aforementioned applicant

(signature) _____ (Date) _____

As a professional witness I am signing subject to the penalties set forth in Section 5 of Chapter 141 of the General Laws of Massachusetts and hereby subscribe to and vouch for the statements made herein by the aforementioned applicant

(signature) _____ (Date) _____