



EXPERIENCE VERIFICATION FORM
 Alaska Department of Labor and Workforce Development
Mechanical Inspection
 1251 Muldoon Road, Suite 113
 Anchorage, Alaska 99504
 Phone (907) 269-4963

APPLICANT INFORMATION

APPLICANT: Last Name First Name MI	APPLICANT: Social Security Number
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Notarized verification of qualified hours is required for licensing with the State of Alaska. Your prompt return of this form to the applicant, filled out completely, would be appreciated. Thank you for your assistance.

VERIFIED HOURLY EXPERIENCE

SELF VERIFICATION IS NOT ACCEPTABLE

I certify I have direct knowledge that the applicant was employed as follows (**job title**): _____,
 subject to (**check one**): NEC ___ NESC ___ UPC ___ **from (date)** _____ **to (date)** _____.

Electrician	# Hours	Plumber	# Hours	Boiler	# Years
Commercial/Industrial (EJ)		Commercial/Residential (PJ)		Boiler operator	
Residential (ER) (up to 4-plex)		Water services, sewer, storm line (PU)		Boiler installation /repair	
Linework (LJ)		Gas piping & appliances (PG)		Lbs/Hr or BTU Hr	
Classroom Hours		Classroom Hours		Classroom Hours	

VERIFIED HOURS MUST BE WORKED DIRECTLY FOR THE EMPLOYER BELOW AND IN ACCORDANCE WITH 8 ACC 90.890. NO MAINTENANCE HOURS APPLY TO ANY ELECTRICAL OR PLUMBING CERTIFICATES

Printed name of Company _____

Company address _____ **Phone** (_____) _____

City _____, **State** _____ **Zip Code** _____ **Fax** (_____) _____

Printed name of Representative _____ **Title** _____

Signature of Company Representative (to be Notarized below) _____

NOTARY PUBLIC

Signed and sworn before me this _____
 day of _____
 Notary Public _____
 My Commission Expires _____

This space below reserved for Notarial stamp

ALASKA BASED UNION VERIFICATION

Attach separate sheet to include type of work and list of employers

- | | |
|---|--|
| <input type="checkbox"/> Electrical Journeyman | <input type="checkbox"/> Plumber/Journeyman |
| <input type="checkbox"/> Residential Journeyman | <input type="checkbox"/> Plumber/Restricted/PG |
| <input type="checkbox"/> Electrician Trainee | <input type="checkbox"/> Plumber/Restricted/PU |
| <input type="checkbox"/> Lineman Journeyman | <input type="checkbox"/> Plumber/Trainee |
| <input type="checkbox"/> Lineman Trainee | |

Union Official Signature _____

Union Official Printed Name _____

This space below reserved for Union Seal