

PUTNAM COUNTY BOARD OF ELECTRICAL EXAMINERS

PROOF OF EMPLOYMENT LETTER FOR APPRENTICE

(To be filled out by employer only)

DATE: _____

NAME OF LICENSE HOLDER: _____

LICENSE #: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

_____ has been an employee of the above named
Employee Name
company. The dates of employment have been as follows: _____ to _____.

Please check one: Employee is a full-time employee _____

Employee is a part-time employee _____

By signing this letter, I attest under penalty of law, including the possible suspension or revocation of my license, that, to my knowledge, all the statements contained herein are true and accurate, and that if requested by the Putnam County Electrical Board I will be able to provide the necessary payroll records to prove the dates of employment.

Licensed Electrician's Signature

Sworn to before me this _____ day of _____, 20_____

Notary Public Signature

Notary Stamp: