FORM B

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION

BOARD OF INDUSTRIAL TRADES - ELECTRICAL
VERIFICATION OF LICENSURE

TO: Pearson VUE, Dept. DC - EL
Metro-Plex I, Suite 250, 8401 Corporate Drive, Landover, MD 20785

FROM: _____
Name of State Board

_____
Street Address City State Zip Code

_____ _____
Name of Applicant Social Security Number

_____
Street Address City State Zip Code

The above named person was registered/licensed as a:

____ Apprentice Electrician ____ Journeyman Electrician ____ Master Electrician

____ Other – Please Specify _____

Examination Score _____ Date _____

Minimum Requirements were _____

Issue Date _____ License Number _____ Expiration Date _____

Education and Experience _____

Other Information _____

By: _____ Date _____

Title: _____ (Board Seal)

E-mail Address: _____