

FORM A



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION

**BOARD OF INDUSTRIAL TRADES - ELECTRICAL**

**VERIFICATION OF SCHOOL ENROLLMENT**

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

FROM: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
School Address City State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Applicant Social Security Number

Date of Enrollment \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Enrollment for Electrical Program \_\_\_\_\_

Graduation Date \_\_\_\_\_ Type of Certification \_\_\_\_\_

This letter is to verify that the above named individual is currently enrolled in the above specified program.

\_\_\_\_\_  
Training Director

School Seal License # \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_