Verification of Supervision of Apprentice Electrician

APPLICANT INFORMATION					
To be completed by the applicant.					
Full Legal Name:	First	Middle	La	ast	
Mailing Address:					
-	Street/PO Box		City	State/Zip	
EMPLOYER INFORMATION					
To be completed by the employer.					
To be completed by	ine employer.				
Name of Contractor:		Lice	License Number:		
Name of Supervisor:		Lice	License Number:		
Establishment Address: Street/PO Box City State/Zip				State/Zip	
Telephone Number: Email:					
Type of work performed: 🗌 Commercial 🔲 Residential 🔲 Both					
I certify that the above named applicant for a Utah apprentice electrician license will be employed as an apprentice by the employer/firm named above. I further certify that appropriate supervision will be provided while the applicant is engaged in the electrical trade as outlined in Utah Code Annotated 58-55-302 and Utah Administrative Rule R156-55b-102.					
Signature of Authorized Signer:				Date:	
Printed Name of the Authorized Signer:					
Position of Authorized Signer:					