

## **EMPLOYER AFFIDAVIT OF PRIOR EXPERIENCE**

Pursuant to the Standards of Apprenticeship adopted by: and registered with the Vermont Department of Labor Apprenticeship Unit, this Affidavit is being completed for: to recognize prior hours of on-the-job training, in consideration for advanced standing in our registered apprenticeship program for the occupation of:		
		ELECTRICIAN
F	ORMER EMPLOYER	VERIFICATION
The above-named individual was em	nployed by me as a/an	
"		a total of hours in the occupation aining consisted of time worked in the following
Category	Hours	Comments:
Tools & Equipment	110013	
Communication & Signal Systems		
Electrical Equipment		
House Wiring		
Fixture Installations		
Motor Work		
Light & Power Systems		
Commercial & Industrial Wiring		
Electronic Controls		
Operations, Maintenance & Repair	ς	
Operations, Maintenance & Repair	TOTAL	
Name:		Master License #:
Company Name:		Position/Title:
Address:		City, State, ZIP:
Phone:		E-mail:
As the licensed Master, I affirm that	all statements made h	erein are true and accurate.
		DEPARTMENT OF LABOR  VT-263/Affidavit [12/22]