

Instructor Qualifications

Instructor's Name: _____ Phone#: _____

Instructor's Address: _____

- Describe professional or trade experience evidenced by an appropriate license or degree. (attach additional information or materials as needed)

- Describe any other training/experience gained in the electrical trade industry. (attach additional information or materials as needed)

- Names of additional instructors other than persons listed above.

Signature of Applicant

(for office use only)

Approved

Code: _____

Non-code: _____

Disapproved

Reason: _____

Pamela Scouten, Executive Director

Date