

Work History Relating to the M-T Limited License

Member's Name: _____ Member #: _____ Date: _____

Employer Name	Position	Start Date	Finish Date	Relevant hands-on experience related to 'M' License	Voltage	% of Time

Note: Only one employer per sheet

Signature of Current Supervisor required on current job work history

Supervisor: _____ M or H License Number: _____ Date: _____

** If Supervisor has a license, include a copy of the license with the application **