



COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

Verification of Licensure | Electrician

Applicant Information

Applicant Name:

First

Middle

Last/Suffix

SSN or ITIN:

Date of Birth:

Phone Number:

Mailing Address:

Home

P.O. Box/Street

City

State

Zip

Business

License Type:

License Number:

State of Issuance:

By signing this form, I authorize the verifying state board or authority to provide the requested information regarding my license to the State of Colorado Department of Regulatory Agencies on this form.

Signature

Date

State Board Verification

Confirm the license information for the individual and license as listed above:

License Type:

License Number:

State-Issued: Yes No

State of Issuance:

Original Issue Date:

Current Expiration Date:

What is the method used to issue the license:

Examination:

Date of Exam:

Score:

NEC Version in Use at Time of Exam:

Endorsement or Reciprocity:

State:

Other (please explain):

What are the experience requirements for this license?

Have the experience requirements been met?

Yes No

Is there any disciplinary action?

Yes No

- If yes, please explain:

By signing this form, you attest that the information contained on this form is true and correct to the best of your knowledge.

Signature

Date

Printed Name

DO NOT SUBMIT THIS FORM UNLESS YOUR LICENSE HAS BEEN VERIFIED BY THE ISSUING STATE LICENSING AGENCY