

Work History Relating to the 'M' Licence

Members Name: _____ Member #: _____ Date: _____

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

Note: Only one Employer Per Sheet

Supervisor: _____

Signature of Current Supervisor required on Current Job Work History

M or H Licence Number: _____

Date: _____

*** If Supervisor has a Licence Include a Copy of the Licence with Application