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OCT 14 2011

EMPLOYER STATEMENT FORM

STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
P.O. BOX 18727, RALEIGH, NC 27619-8727

TO APPLICANT: THIS IS TO BE COMPLETED BY YOUR PRESENT OR PAST EMPLOYER. ONCE THIS DOCUMENT IS COMPLETED, SIGNED, AND NOTARIZED, IT MUST BE SUBMITTED IN ORIGINAL FORM WITH YOUR APPLICATION.

NOTE: ALTERED FORMS OR COPIES OF COMPLETED FORMS WILL NOT BE ACCEPTED.

TO EMPLOYER: RE: EXPERIENCE AND CHARACTER VERIFICATION

NOTICE: In order to maintain the high standards of the electrical contracting trade, it is imperative that extreme care be exercised in verifying an applicant's experience. Please refer to Board's Rule .0202 for further information (see reverse of this form). The Board reserves the right to review all employment records in making a final determination of an applicant's experience.

This is to certify that Tilden Hagan is/was employed by this firm in the following capacity or capacities (verify experience only in the electrical or applicable special restricted field for which the applicant is requesting to be examined and specify the respective field): Employer representative must enter total hours worked and capacity or capacities worked.

(a) SECONDARY EXPERIENCE: (Example Apprentice or helper) in the electrical or special restricted field: ENTER DATES OF EMPLOYMENT, CAPACITY AND TOTAL HOURS WORKED IN THAT CAPACITY:

BEGIN DATE OF EMPLOYMENT: 08/01 END DATE OF EMPLOYMENT 05/05
Electrical Engineering Duke University
CAPACITY: TOTAL HOURS WORKED 4,000

(b) PRIMARY EXPERIENCE: (Example Journeyman or Mechanic) in the electrical or special restricted field: ENTER DATES OF EMPLOYMENT, CAPACITY AND TOTAL HOURS WORKED IN THAT CAPACITY:

BEGIN DATE OF EMPLOYMENT: 02/09 END DATE OF EMPLOYMENT current
Solar Electric Designer/Installer
CAPACITY: TOTAL HOURS WORKED 4,000

(c) OTHER CAPACITY: ENTER DATES OF EMPLOYMENT, JOB DESCRIPTION (ATTACH COMPANY OR JOB DESCRIPTION IF AVAILABLE) AND TOTAL HOURS WORKED IN THAT JOB:

BEGIN DATE OF EMPLOYMENT: 9/05 END DATE OF EMPLOYMENT 8/08
Electrical Engineering of Medical Devices
CAPACITY: TOTAL HOURS WORKED 3,000

Please check one of the following that best describes this applicant's character:

GOOD X NOT GOOD NO OPINION

Other comments:

EMPLOYER SolarDyne, LLC

ADDRESS 300 N Greene St, Suite 200
Greensboro NC 27401

Signature of Charles T. Hagan
SIGNATURE OF EMPLOYER REPRESENTATIVE
CHARLES T. HAGAN III
PRINTED NAME OF EMPLOYER REPRESENTATIVE
MANAGER
TITLE

DATE 9/20/11

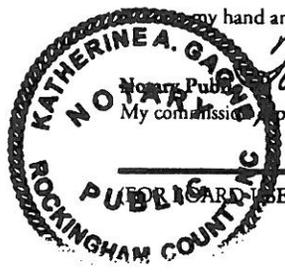
PHONE 336-232-0654
AREA CODE

STATE OF North Carolina

COUNTY OF Guilford

I, a notary public of the county and state aforesaid, certify that the employer representative whose signature appears above personally appeared before me this day and signed the foregoing document.

My hand and official seal, this 20th day of September, 2011



Katherine A. Gagne
My commission expires 3-12-12

APPROVED BY: DATE 2/6/12 EMPL REP

Handwritten notes: 'See attached', 'No charge for experience', '5,000 as of 1-1-11 on'