



## Affidavit of Hours Worked

**Test Taker's Name:** \_\_\_\_\_

**Test Requested and Hour Requirements:**

**Journeyman Installer:** 1000 hours (2000 hours if no HS Diploma/GED) of lightning protection work experience

**Master Installer:** 2000 additional hours of lightning protection work experience beyond the Journeyman Installer requirements

**Master Installer/Designer:** 2000 additional hours of lightning protection work experience beyond the Master Installer requirements

**Is the Employer a member of the LPI?**

Yes

No

**Start Date of Hours Worked:** \_\_\_\_\_

*\*Must be hours accumulated AFTER the previous certification was obtained*

**End Date of Hours Worked:** \_\_\_\_\_

**Consent**

I certify that the Test Taker has satisfied and confirmed the required hours of lightning protection work experience.

**Signature of Owner or Company Officer:** \_\_\_\_\_

*\*Your typed name will serve as your electronic signature.*

**Company Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Completed form can be emailed to our office at [lpil@lightning.org](mailto:lpil@lightning.org).**