



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. Projects worked on adding up to the required hours is listed below.

Projects worked on totaling the required hours worked:

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 lpi@lightning.org.