

EXPERIENCE CERTIFICATE

THIS BLOCK TO BE COMPLETED BY THE APPLICANT

Name and Address of Applicant:	Classification Requesting (check):
	<input type="checkbox"/> A General Engineering <input type="checkbox"/> B General Building <input type="checkbox"/> C _____ <input type="checkbox"/> C _____

THIS SECTION TO BE COMPLETED BY PERSON WHO WILL CERTIFY APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> OTHER (specify) _____	Applicant Employment Dates: FROM: _____ / _____ (mo) (yr)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time:
	TO: _____ / _____ (mo) (yr)	If p/t, how many hrs. per week? _____

Indicate LEVEL applicant worked at:

SUPERVISOR      Dates Applicant has Supervised:  BID ESTIMATOR  
 FOREMAN      From: \_\_\_\_\_ To: \_\_\_\_\_  CONTRACTOR  
 JOURNEYMAN       OTHER (SPECIFY): \_\_\_\_\_

Describe in detail the type of WORK and/or SUPERVISORY WORK performed by the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the \$ amounts of the 3 largest contracts the applicant has supervised?

\$ \_\_\_\_\_ Project Title: \_\_\_\_\_ Description: \_\_\_\_\_  
 \$ \_\_\_\_\_ Project Title: \_\_\_\_\_ Description: \_\_\_\_\_  
 \$ \_\_\_\_\_ Project Title: \_\_\_\_\_ Description: \_\_\_\_\_

Certification of Person Completing this Form:

I, \_\_\_\_\_ hereby certify that I have personally known  
 (PRINT NAME OF CERTIFIER)  
 the person named as applicant above; that I have direct knowledge of the applicant's supervisory experience (if applicable) which I have listed above; and all other statements and answers given here are true and correct.

Signature of Certifier	Title	Date
Company Name	Contractor's License Number	
Business Address of Certifier	License Classification	
Business Phone: _____	Alternate Phone: _____	Fax: _____