Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8511 (866) 430-1033 Fax www.dpor.virginia.gov



Board for Contractors EXPERIENCE VERIFICATION FORM No Fee Required

Use one Experience Verification Form per experience.

The form must returned to the Virginia Board for Contractors at the address provided above.

Section A - To be completed by the applicant.

Section B - To be completed by one of the individuals listed below who will verify the applicant's work experience.

1. Building Official 5. Licensed Architect

- 2. Building Inspector 6. Licensed Professional Engineer or
- 3. Licensed Contractor 7. Other * :
- 4. Licensed Tradesman
- * If "Other" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application being processed.

Section A: Applicant

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last (required)	First (required)	Middle		Generation	
2.	. Provide <u>one</u> of the following identification numbers [*] :					
	<u>Virginia</u> DMV Control Number					
	> Enter the same identification number as used on examination, previous applications or licenses on file with the department.					
	* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issu by the Commonwealth to provide a social security number or a control number issued by the <u>Virginia</u> Department of Motor Vehicles.					
3.	Mailing Address (PO Box accepted)					
		City		State	Zip Code	
4.	Contact Numbers					
		Primary Telephone	Alternate Telephone	_		
5.	Dates Experience Obtained	G From:	To:	_		
6.	During the time frame listed above, did you work:					
	Full time					
	Part time - How many hours a week (on average):					
	Seasonal - give a br	ief explanation:				

7. **Describe in detail** your <u>daily activities</u> as they relate to your trade designation, Contractor's classification <u>or</u> specialty in which you are applying for:

8. List any trade-related certifications:

9. I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.

Applicant's Signature	Date
AGENCY USE ONLY:	

Section B: Verifier (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1.	Verifier's Information: Name				
	Job Title:	Email Address			
Contact Number					
	Mailing Address				
	City	State Zip Code			
2.	ndicate which of the following best describes your relationship to the applicant: (Select <u>all</u> that apply) Building Official - List Locality				
	Building Inspector - List Locality				
		Business/Company Name			
	Licensed Tradesman	License Number (if applicable)			
	Licensed Architect	License Number (if applicable)			
	Licensed Prof. Engineer	License Number (if applicable)			
	 Other* - Provide a brief description of your relationship to the applicant: * Other may be an applicant's supervisor, a member of Human Resources from the company, a client, etc. A member should <u>not</u> be used to verify experience. 				
3.	In your own words, describe the applicant's work duties (experience) for which you have been asked to attest:				

This verification form is used as a means for the Board to <u>verify</u> that an applicant has the experience necessary to become a licensed tradesman and/or contractor within the Commonwealth of Virginia. Your response is appreciated.

4. Provide the date(s) of when this experience was obtained:

5. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Verifier's Signature

Date