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



Board for Contractors EXPERIENCE VERIFICATION FORM Residential Building Energy Analyst Applicants Only

Applicants applying through waiver/exemption are <u>not</u> required to compete the experience verification form.

Experience Verification: Section A - should be completed by the applicant.

Section B - should be completed by the supervisor or another individual who will verify the applicant's work experience. The verifier must hold a Residential Building Energy Analyst License.

Secti	tion A: Applicant						
1.	Full Legal Name (As it appears on your government issued ID or other legal documentation.)						
	Last (required) First (required)		Mi	iddle			Generation
2.	Provide at least one of the following identification numbers	*:					
	Social Security Number and/or	-		-			
	☐ <i>Virginia</i> 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 by the Commonwealth to provide a social security number or a control number.						or occupation issued
3.	Mailing Address (PO Box accepted)						
	City					State	Zip Code
4.	Job Title:						
5.	Dates of Employment From	То					
	MM/DD/YYYY			PRESENT	_		
6.	List the number of residential building energy <u>analyses</u> cor	mpleted durin	ig the	dates o	of employ	ment : _	
Sect	tion B: Supervisor or Verifier of Work Performance						
	You may duplicate this form to acco	ommodate all yo	our refe	erences.			
7.	Verifier Name						
	(Applicants can <u>not</u> verify their own experience.)						
8.	Verifier's Virginia License No. 2 7 2 2				Expiratior	n Date	
	(The verifier must hold a Residential Building Energy Analy	yst License.)			'		
9.	Verifier's Mailing Address	,					
	City					State	Zip Code
10.	Verifier's Contact Numbers						
	Primary Telephone		Alte	ernate Tele	phone		

11.	Is the information provided by the applicant correct in questions #4, #5 & #6?					
	No					
12.	I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed an information that might affect the decision to approve this application.					
	Verifier's Signature	Date				