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 ide	ntification numbers $*$ :				
	Last 4 digits of Social Secu	rity Number <u>and/or</u>				
	<u>Virginia</u> DMV Control Numl	ber				
	Enter the same identification nu	mber as used on examinatio	n, 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 occupati 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 accept					
		City		State Zip Code		
4.	Contact Numbers					
		Primary Telephone	Alternate Telephone	_		
5.	Dates Experience Obtained F		To:	_		
6.	During the time frame listed abo	ve, did you work:				
	Full time					
	Part time - How many hours a week (on average):					
	Seasonal - give a brief e	xplanation:				

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
GENCY USE ONLY:	

A

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 Enail Address						
	City		State	Zip Code		
2.	<ul> <li>Indicate which of the following best describes your relationship to the applicant: (Select <u>all</u> that apply)</li> <li>Building Official - List Locality</li> </ul>					
Building Inspector - List Locality						
	Licensed Contractor	Business/Company Name				
		License Number (if applicable)				
	Licensed Tradesman	License Number (if applicable)				
	Licensed Architect	License Number (if applicable)				
	Licensed Prof. Engineer	License Number (if applicable)				
	<ul> <li>Other* - Provide a brief description of your relationship to the applicant:</li> <li>* Other may be an applicant's supervisor, a member of Human Resources from the company, a client, etc. A spouse or family member should <u>not</u> be used to verify experience.</li> </ul>					
3.	In your own words, describe the a	applicant's work duties ( <u>experience)</u> for v	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