

EMPLOYER AFFIDAVIT OF EXPERIENCE

*Each form that it filled out must be printed, signed and Notarized to be submitted with your application.
This page may be reproduced if additional employment verification is necessary.*

Full Legal Name: Last, First, Middle	Date of Birth:	Telephone Number:	
Mailing Address: Number/Street or P.O. Box	City	State	ZIP Code

~Shaded area below MUST be completed by the certifier in its entirety~

I, _____, hereby subscribe to and vouch for the statement made by _____ (applicant) on their application for consideration for the marked request. I have employed/supervised/worked alongside the named applicant in the capacity of _____ for a total accumulated time of _____ hours.

IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES (generalizations will not be accepted) APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH HE/SHE IS APPLYING.

****I understand that providing false information to the Licensing Board about the information provided herein is grounds for disciplinary action against my license. I may be asked to appear before the board and explain my work involvement with the applicant.****

Date:	Signature:	Printed Name:
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My relationship to applicant is: (Please select one)

Employer	Fellow Employee	Foreman or Supervisor	Business Associate
Union Representative	Client (if applicant is self- employed)	Other:	

Company Name:	License Number:	Position:
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Phone Number:	Facsimile Number:	Electronic Mail Address:
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This form must be Notarized:

Sworn and Subscribed before me this _____ day of _____ 20__

_____ My Commission Expires

Notary Public Signature

State of _____ County of _____
(*Notary seal required*)