



NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

CERTIFICATE OF WORK EXPERIENCE

***PART 1: QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION:** The qualifying individual must complete part 1 in its entirety before the certifier completes part 2.

APPLICANTS FULL LEGAL NAME:			
First: _____	Middle: _____	Last: _____	Suffix: _____
CLASSIFICATION OF LICENSE REQUESTED (code and description):			
CHECK THE BOX THAT IDENTIFIES YOUR BUSINESS RELATIONSHIP TO THE CERTIFIER AT THE TIME EXPERIENCE WAS GAINED			
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor Employee <input type="checkbox"/> Supplier

***PART 2: WORK EXPERIENCE AND CERTIFICATION STATEMENT:** The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:			
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor Employee
FULL TIME		PART TIME (aggregate total of part-time)	
FROM: _____ / _____ / _____		TO: _____ / _____ / _____ = _____ YEAR(S) AND _____ MONTHS	
MONTH		DAY YEAR MONTH DAY YEAR	
<i>(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)</i>			
IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.			
IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed			

I certify that I have direct knowledge of the stated individual's work experience during the time period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein and understand that these statements are subject to verification.

*Signature of Certifier

*Printed Name of Certifier

Company or Business affiliation

License No. State

*Address *City

*State *Zip

*Daytime Telephone Number

Fax Number

*Email Address

*Required Fields