



NEVADA STATE CONTRACTORS BOARD

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CERTIFICATION 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

Supervisor Foreman Journeyman Contractor Employee 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:

Supervisor Foreman Journeyman Contractor Employee

FULL TIME PART TIME (aggregate total of part time)

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ = ____ YEAR(S) AND ____ MONTH(S)
MONTH DAY YEAR MONTH DAY YEAR

(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)

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

[Empty space for listing trade duties]

I certify that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.

(Signature of the Certifier) Number: _____ State: _____
(Contractor's license number and state, if applicable)

(Print name) (Company or business you are affiliated with)

(Address) (City) (State) (Zip)

(_____) _____
(Daytime Telephone Number) (Fax Number) (Email Address)

This Certificate Must Be Notarized

Subscribed and sworn to before me this _____ day of _____,

_____, Notary Public in and for County of _____ State of _____.

My Commission Expires: _____