



NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
 2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110

www.nscb.nv.gov

REFERENCE CERTIFICATE

Name of Qualifying Individual: _____

TO THE CERTIFIER: *You must have direct knowledge of this individual's experience, and be able to certify that he or she has demonstrated a level of knowledge and skill expected of a journeyman or better.* Journeyman is defined as a person who is fully qualified to perform, without supervision, work in the classification in which he or she is applying, or has successfully completed a program of apprenticeship approved by the state apprenticeship council, or an equivalent program accepted by the Board.

All portions of this form must be completed.

**DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED BY THIS INDIVIDUAL AT THE LEVEL OF JOURNEYMAN OR BETTER.
 ** LIST SPECIFIC TRADES AND DUTIES **
PLEASE TYPE OR PRINT IN INK**

The above-stated work was performed from _____ / _____ / _____ to _____ / _____ / _____

Full-time Part-time (If part-time specify total # of years _____ and/or months _____)

Check the box that identifies the level that this individual worked at while performing the trade(s) or craft(s) listed above.

Journeyman Foreman Supervisor Contractor

Check the box that identifies your business relationship to this individual, at the time the experience was gained by them.

Employer Union Representative Building Inspector Engineer Architect Contractor

Supervisor Other, specify relationship _____

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 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: _____