



# NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (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**

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\_\_\_\_\_

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: \_\_\_\_\_

