

Experience as a Tradesman, Inspector or Self-Employed Contractor

If you are documenting contractor experience that requires a license, please complete PART 2.

PART 2

Type of contractor license _____ State/Municipality_____

License Number _____ **Date Issued** _____

Date Issued _____

Type of contractor license _____ State/Municipality _____

License Number _____ **Date Issued** _____

Date Issued _____

PART 3 CLAIM OF EXPERIENCE

Position: _____

Employer: _____

Address: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Dates of Employment

FROM: _____ TO: _____

FULL TIME: _____ **HOURS PER WEEK**

PART TIME: _____ **HOURS PER WEEK**

SUPERVISOR (if not self-employed):

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are NOT related to licensure, indicate the percentage of time that was/is, and obtain certification thereof).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Position: _____
Employer: _____
Address: _____
CITY: _____ STATE: _____ ZIP CODE: _____

Dates of Employment

FROM: _____ TO: _____

FULL TIME: _____ HOURS PER WEEK

PART TIME: _____ **HOURS PER WEEK**

SUPERVISOR (if not self-employed):

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are NOT related to licensure, indicate the percentage of time that was/is, and obtain certification thereof).

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