



**Board for Contractors
 EXPERIENCE VERIFICATION FORM
 No Fee Required**

Use one Experience Verification Form per experience.

The form must returned to the Virginia Board for Contractors at the address provided above.

Section A - To be completed by the applicant.

Section B - To be completed by one of the individuals listed below who will verify the applicant's work experience.

- 1. Building Official 5. Licensed Architect
- 2. Building Inspector 6. Licensed Professional Engineer *or*
- 3. Licensed Contractor 7. Other * : _____
- 4. Licensed Tradesman

* If "Other" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application being processed.

Section A: Applicant

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

2. Provide **one** of the following identification numbers*:

Last 4 digits of **Social Security Number** *and/or*

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Mailing Address (PO Box accepted) _____

City State Zip Code

4. Contact Numbers

Primary Telephone Alternate Telephone

5. Dates Experience Obtained From: _____

To: _____

MM/DD/YYYY

MM/DD/YYYY

6. During the time frame listed above, did you work:

Full time

Part time - How many hours a week (on average): _____

Seasonal - give a brief explanation: _____

7. Describe in detail your daily activities as they relate to your trade designation, Contractor's classification or specialty in which you are applying for:

8. List any trade-related certifications:

9. I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.

Applicant's Signature _____ Date _____

AGENCY USE ONLY:

Section B: Verifier (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

Name _____
Job Title: _____ Email Address _____
Contact Number _____
Mailing Address _____
City _____ State _____ Zip Code _____

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

Building Official - List Locality _____
 Building Inspector - List Locality _____
 Licensed Contractor Business/Company Name _____
Virginia License Number (if applicable)

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 Licensed Tradesman Virginia License Number (if applicable)

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 Licensed Architect Virginia License Number (if applicable)

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 Licensed Prof. Engineer Virginia License Number (if applicable)

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 Other* - Provide a brief description of your relationship to the applicant: _____

* Other may be an applicant's supervisor, a member of Human Resources from the company, a client, etc. A spouse or family member should not be used to verify experience.

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

- This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed tradesman and/or contractor within the Commonwealth of Virginia. Your response is appreciated.

4. Provide the date(s) of when this experience was obtained: _____

5. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Verifier's Signature _____ Date _____