

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 _____

Type of contractor license _____ State/Municipality _____

License Number _____ 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 the subcode area of licensure sought, and/or building construction or alterations, indicate the percentage of time that was/is, and obtain certification thereof).

Position: _____
Employer: _____
Address: _____
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FULL TIME: _____ HOURS PER WEEK
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