## **FORM A**

## Experience as a Tradesman, Inspector, or Self Employed Contractor

If you are documenting contractor experience that	requires a	a license, plea	se complete PART 2	
PART 2				
Type of contractor license		State/Municipality		
License Number		Date Issued		
Type of contractor license		State/Municipality		
License Number		Date Iss	sued	
PART 3 CLAIM OF EXPERIENCE				
Position:				
Employer:				
Address:				
CITY:	STAT	======================================	ZIP CODE:	
	_			
Dates of Employment				
	·O·			
FULL TIME: HOURS PER	O			
PART TIME: HOURS PER	VVEEN			
PART TIME: HOURS PER	WEEK			
SUPERVISOR (if not self-employed):				
DESCRIBE ALL RELEVANT DUTIES IN DETAIL the subcode area of licensure sought, and/or be percentage of time that was/is, and obtain certifications.	uilding c	onstruction o		to

## **FORM A**

Position:			
Employer:			
Address:			
CITY:		STATE:	_ ZIP CODE:
Dates of Employment			
FROM:	T(	D:	
FULL TIME:	_ HOURS PER V	VEEK	
PART TIME:	_ HOURS PER \	NEEK	
SUPERVISOR (if not self-	omployed):		
SUPERVISOR (II HOLSEII-	-employed)		
DESCRIBE ALL RELEVANT D the subcode area of licensure percentage of time that was/is	sought, and/or bu	ilding construction of	onsibilities were/are <u>NOT</u> related to or alterations, indicate the