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

| If you are documenting contract | tor experience that requires a license, please complete PART 2. |  |  |
|---------------------------------|---|--|--|
| PART 2                          |   |  |  |
|                                 | State/Municipality  |  |  |
|                                 | Date Issued   |  |  |
|                                 | State/Municipality  |  |  |
|                                 | Date Issued   |  |  |
|                                 |   |  |  |
| PART 3 CLAIM OF EXPERIENCE      | E   |  |  |
|                                 | _   |  |  |
| Position:                       |   |  |  |
| Employer:                       |   |  |  |
|                                 |   |  |  |
| Address:                        |   |  |  |
| CITY:                           | STATE: ZIP CODE:  |  |  |
|                                 |   |  |  |
| Dates of Employment             |   |  |  |
| FROM:                           | TO:   |  |  |
| FULL TIME:                      | HOURS PER WEEK  |  |  |
| PART TIME:                      |   |  |  |
| PART HIVIE.                     | HOURS PER WEEK  |  |  |
|                                 |   |  |  |
| SUPERVISOR (if not self-        | employed):  |  |  |
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|                                 |   |  |  |
| <b>DESCRIBE ALL RELEVANT DU</b> | JTIES IN DETAIL (If 100% of your responsibilities were/are      |  |  |
|                                 | ate the percentage of time that was/is, and obtain              |  |  |
| certification thereof).         |   |  |  |
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| Position:  |                   |  |
|--|-------------------|--|
| Employer:  |                   |  |
| Address:   |                   |  |
| CITY:  | STATE: ZIP CODE:  |  |
|  |                   |  |
| <b>Dates of Employment</b>   |                   |  |
| FROM:  | TO:HOURS PER WEEK |  |
| FULL TIME:   | HOURS PER WEEK    |  |
| PART TIME:   | HOURS PER WEEK    |  |
| SUPERVISOR (if not s   | elf-employed):    |  |
| DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are <u>NOT</u> related to licensure, indicate the percentage of time that was/is, and obtain certification thereof). |                   |  |
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