FORM A

Experience as a Journeyman, Contractor or Inspector

Individuals documenting experience as an inspector must complete Part 1 and Part 3
Individuals documenting experience as a journeyman must complete Part 1 and Part 3
Individuals documenting experience as a contractor should complete Part 2 and Part 3

PART 1
Date of completion of apprenticeship, or its equivalent __________________________________________
(Please submit documentation of said completion)

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: _______________________________________________________________

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).

11/16/2010