



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

Use one Experience Verification Form per experience.

The form must be 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 4. Employer HR Representative
- 2. Building Inspector 5. Individual who is licensed by DPOR *or*
- 3. Employer Supervisor 6. Other * : _____

*If #6 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 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. Street Address (PO Box not accepted)

Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

_____ City _____ State _____ Zip Code

5. Contact Numbers

_____ Primary Telephone _____ Alternate Telephone _____ Fax

6. Dates Experience Obtained From:

_____ MM/DD/YYYY

To:

_____ MM/DD/YYYY

7. During this time frame did you work: Full time

Part time

Seasonal

How many hours a week (on average): _____

Explain: _____

8. Describe in detail your daily activities as they relate to the trade or specialty you are applying for:

9. List any applicable trade-related certifications:

10. 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

First (required) Middle Last (required) Generation

Work Address

City State Zip Code

Job Title:

Contact Numbers

Primary Telephone Alternate Telephone

Email Address

2. Was/Is the applicant employed during the time frame indicated on this application?

Yes

No If no, indicate the correct dates: From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

3. Is the job description on this application accurate and complete?

Yes

No If no, explain in detail the changes that should be made:

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

Verifier's Signature _____ Date _____

Indicate which of the following best describes your relationship to the applicants:

- Building Official - List Locality _____
- Building Inspector - List Locality _____
- Employer Supervisor - Contractor License Number (if applicable)

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- Employer HR Department (It may submit a signed job description in lieu of Section A.8.)
- DPOR License Holder (Tradesman, Architect, Engineer, Contractor, etc.)
Virginia License Number

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