



# NEVADA STATE CONTRACTORS BOARD

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## CERTIFICATION OF WORK EXPERIENCE

**PART 1: QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION:** The qualifying individual must complete part 1 in its entirety before the certifier completes part 2.

**APPLICANTS FULL LEGAL NAME:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**CLASSIFICATION OF LICENSE REQUESTED** (code and description):

**CHECK THE BOX THAT IDENTIFIES YOUR BUSINESS RELATIONSHIP TO THE CERTIFIER AT THE TIME EXPERIENCE WAS GAINED**

Supervisor  Foreman  Journeyman  Contractor  Employee  Supplier

**PART 2: WORK EXPERIENCE AND CERTIFICATION STATEMENT:** The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

**CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:**

Supervisor  Foreman  Journeyman  Contractor  Employee

FULL TIME  PART TIME (aggregate total of part time)

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ = \_\_\_\_ YEAR(S) AND \_\_\_\_ MONTH(S)  
MONTH DAY YEAR MONTH DAY YEAR

*(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)*

**IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.**

**IMPORTANT:** You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed

I certify that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.

\_\_\_\_\_  
(Signature of the Certifier) Number: \_\_\_\_\_ State: \_\_\_\_\_  
(Contractor's license number and state, if applicable)

\_\_\_\_\_  
(Print name) (Company or business you are affiliated with)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

(\_\_\_\_\_) \_\_\_\_\_  
(Daytime Telephone Number) (Fax Number) (Email Address)

**This Certificate Must Be Notarized**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, Notary Public in and for County of \_\_\_\_\_ State of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_