



# 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.

APPLICANT'S FULL LEGAL NAME: \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_ (SUFFIX)

CLASSIFICATION OF LICENSE REQUESTED (Code and Description)

**PLEASE INDICATE 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 PERFORMED BY THE INDIVIDUAL ABOVE (APPLICANT)**

- Supervisor  Foreman  Journeyman  Contractor  Employee

- Full-Time  Part-Time

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ = \_\_\_\_\_ YEAR(S) AND \_\_\_\_\_ MONTHS  
(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 above. 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 stated individual's work experience during the time period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein and understand that these statements are subject to verification. (**\*REQUIRED FIELDS**)

\_\_\_\_\_  
\*Signature of Certifier Date \*Printed Name of Certifier

\_\_\_\_\_  
Company or Business Affiliation License No(s). State

\_\_\_\_\_  
\*Address \*City \*State \*Zip

\_\_\_\_\_  
\*Daytime Phone Number Fax Number \*E-mail Address

